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The Impact of Prior Experience Employees' Perceptions and Beliefs about Workplace Policies and Practices

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Abstract

Domestic violence (DV) is associated with negative consequences for victims, children, families, and even national economies. More recently, research has demonstrated that DV also has a serious impact on workers and workplaces. Less is known about Canadians' beliefs toward the impact DV has on workers or the extent to which individuals are able to identify co-workers' experiences of DV. Using data from a pan-Canadian sample of 7,834 men and women, the current study examined: 1) how prior experiences with DV relates to beliefs toward the impact DV has on workers, 2) how gender and age relates to beliefs toward DV's impact on workers, 3) the factors associated with identifying co-workers as DV victims and perpetrators. Overall, participants held positive beliefs that acknowledged DV's impact on workers. Types of prior experiences with DV were found to have a significant relationship with how participants perceived the impact DV has on workers. There were also significant relationships found between gender and age on participants' beliefs toward the impact DV has on workers. Additionally, the present study found age, gender, and certain types of prior DV experiences were associated with identifying a colleague as a victim or perpetrator of DV. These findings have implications for how workplaces respond to DV and take into account the need to engage all employees.

Key words: Domestic violence, workplace, employment safety, intimate partner violence, workplace violence, beliefs.

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Domestic Violence

Domestic violence (DV) is a relevant public health concern and significant social issue in societies across the world. A revealing report published by the World Health Organization (WHO; 2013) found that DV affects approximately 30% of women worldwide. In fact, they found that DV is the most prevalent type of violence experienced by women. They also recognized, as do most researchers in this area, that reported statistics on DV are likely underestimated given the stigmatization DV victims face (WHO; 2013). As such, DV is recognized internationally as a human rights issue that is pervasive through all demographic groups and impacts social and community development for women, children and families (Katula, 2012; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006).

There is no single definition of DV in the literature. Nevertheless, the WHO, Centres for Disease Control and Prevention (CDC, 2015) and Corporate Alliance to End Partner Violence (CAEPV, 2007) congruently define DV as the effort to exert control through the use of physical, sexual, and emotional threats or violence by someone who is a current or former partner. Therefore, DV constitutes a wide range of controlling behaviours, from more subtle forms and isolated incidences to severe and prolonged patterns of violence including emotional, physical, sexual and economic abuse (Jaffe, Johnston, Crooks & Bala, 2008).

Research is clear that DV has significant implications for families, communities, and societies (Garcia-Moreno & Watts, 2011). However, victims of DV often endure most of the negative effects of the abuse. Typically, physical violence is accompanied with psychological abuse leading to adverse consequences for the mental health of victims (Jansen, Heise, Watts, & García-Moreno, 2008). For instance, victims of DV have been found to have higher incidence of

depression, anxiety, suicidal thoughts and attempts when compared to women who had no experience with DV (Pico-Alfonso, et al., 2006; Zlotnick, Johnson & Kohn, 2006; Shear, Cloitre, Pine, & Ross, 2005; Jansen et al., 2008). Research has also found that victims of DV are at higher risk of engaging in risky behaviours like using drugs alcohol, engaging in unsafe sex, and smoking cigarettes (Crane, Hawes & Weinberger, 2013; Warshaw, Brashler, & Gil, 2009).

Similarly, many DV victims are faced with serious social consequences including isolation, homelessness, restricted access to services, and strained relationships with healthcare providers as well as employers (Warshaw, et al., 2009; Plichta, 2004). Thus, DV has far-reaching effects on victims and how they function within a society. This includes significant financial costs. In fact, a recent study published by Zhang, Hoddenbag, McDonald and Scrim (2012) found the calculated costs of DV to be approximately seven billion dollars per-year in Canada alone, with 74% of these costs borne by victims of DV and their families (Zhang et al., 2012).

Women in the Workforce

Over the last three decades women have increasingly become part of the Canadian labour market. In 1976, 37% of the Canadian workforce was made up of women; this number grew to 45% in 1999 (Statistic Canada, 2015). In 2014, women represented 47% of the labour force and were employed in broad occupational categories and industries (Statistic Canada, 2015). This increase has encouraged researchers to question the impact that DV has on women, not only as victims in the home, but as victims in their place of employment (Fejedelem, 2007). As women have become more present in the labour force, the “privacy” of DV has diminished as a result of increased public visibility (Swanberg, Macke, & Logan, 2006; Fejedelem, 2007). It appears, then, that the violence that some women endure at home can follow them to work. Furthermore, the spread of DV into the workplace may not only impact the primary victims themselves, but can

potentially harm secondary victims such as co-workers, employers, and clients (Johnson & Gardner, 1999; Swanberg, Macke, & Logan, 2006). As such, DV has become an additional form of workplace violence requiring the attention of organizations and employees.

DV and the Workplace

Historically DV has been compartmentalized as a crime that occurs only in the private lives of intimate partners (Swanberg & Logan, 2007; Fejedelem, 2007). While it is true that much of DV occurs in the privacy of a household, there is often “spillover” into public domains. Given that most individuals are employed, with many spending a significant amount of time at their places of employment, it stands to reason that DV can be present in the workplace. In fact, according to statistics gathered by Employee Assistance Programs (EAPs), DV accounts for approximately 25 – 50 % of workplace performance problems in Canada (Mighty, 1997).

Research suggests that the experience of DV can have a significant impact on a victim’s working life (Swanberg & Macke, 2006; Swanberg, Logan, & Macke, 2005). Many victims of DV report increased missed days, reduced productivity, an inability in maintaining consistent employment, and even loss of their jobs (Swanberg, Logan, & Macke, 2005). Moreover, past research suggests that victims with a history of DV report lower personal income (Swanberg, Macke, & Logan, 2006; Adams, Sullivan, Bybee, & Greeson, 2008). This may, in part, be due to victims of DV being frequently employed in lower paying, casual and part-time positions as well as having high rates of employment instability (Swanberg, Macke, & Logan, 2006; Adams, Sullivan, Bybee, & Greeson, 2008). However, the relationship between employment and DV is complex, and conclusions regarding the impact that DV has on employability, job stability, and earnings are challenging to draw (Wathen, MacGregor & MacQuarrie, 2015; Rothman et al.,

2007). This is further complicated when looking within the workplace and the impact that DV has on employees.

Impact DV has on the Workplace for Victims

The spillover of DV into the workplace has major consequences for victimized employees and their workplaces (Swanberg & Macke, 2006). It has been estimated that between 38 – 75% of victims are bothered at their workplace at some point during their relationship or following separation from their violent partner (Swanberg et al., 2005). Studies have indicated that a large part of the negative consequences that victims of DV experience in the workplace are related to the disruption perpetrators cause to victims' employment (Swanberg, Macke, & Logan, 2006; Swanberg & Macke, 2006). For instance, outside of the workplace, a perpetrator may impede a victim's ability to get to work (e.g., physically restraining them, hiding vehicle keys, withholding money for transportation, etc.), at work perpetrators may continuously harass a victim (e.g., constant telephone calls, email, stalking, etc.); all of which have a significant impact on the working life of the victim (Swanberg, Macke, & Logan, 2006; Swanberg & Macke, 2006). As a result of these interferences, victims of DV often experience a decline in work performance, difficulty with concentrating, and an increased amount of days absent (Swanberg & Macke, 2006). Thus, research suggests that DV has a profound impact on not only the victim's ability to work but also the actual safety one experiences while at the workplace.

Intimate Partner Homicide and the Workplace

At the severe end, the spillover of DV can lead to domestic homicide. This is evidenced by the murder of Canadians Lori Dupont and Aysegul Candir, who were both victims of workplace homicide and murdered by an intimate partner in a hospital and a school respectively

(Fogels & McIntyre, 2007; CBC, 2004). These murders received significant media attention and as a result there was a push for an inquest into the role the workplace has in such horrific incidents (Fogels & McIntyre, 2007). In fact, La Van et al. (2012) found that approximately 20% of women who were fatally injured on the job were victims of domestic violence. This highlights, that the boundaries between the home and the workplace are not as distinct as some might believe, and negative consequences can occur for victims, co-workers, perpetrators and the workplace in general. Given the magnitude of how DV can impact victims and their workplace, employers are beginning to gain some awareness that DV is not strictly a personal matter that can be ignored (Katula, 2012). Yet, organizations have been slow to address this complex issue and acknowledge their important role in providing resources and protection for DV victims who are employed.

DV's Impact on Employment Stability and Employment Maintenance

Researchers have found victims of DV are at an increased risk of violence while at work due to the workplace typically being known to abusers (Lindquist et al., 2010). Many perpetrators of DV use a victim's employment as a tool for control and manipulation by engaging in overt and covert tactics to disrupt the victim's ability to maintain stable employment (Swanberg et al., 2005; Lindquist et al., 2010). The threat to victims' employment stability is not unfounded, as some employers react to DV by terminating, as opposed to assisting their employees (Navarro, Jasinski, & Wick, 2014; Park, 2003). Employers who dismiss DV victims from their jobs are likely focusing on the employees decreased work performance that is the by-product of DV and not the actual experience of DV itself (Navarro, Jasinski, & Wick, 2014). Not only does this type of reaction continue to hinder victims of DV, but also assists the abuser by further isolating victims (Navarro, Jasinski, & Wick, 2014). Additionally, due to fear of losing

their jobs, victims of DV may attempt to hide the abuse to maintain their employment, which again, only acts to further isolate the victims and reduce opportunities to receive help (Kwesiga, Bell, Pattie, & Moe, 2007).

DV can also be a barrier for victims to obtain and maintain employment (Navarro, Jasinski, & Wick, 2014). For instance, Bowlus and Seitz (2006) found that DV victims were less likely to pursue employment compared to non-victims, even after separation from the violent partner. Other evidence suggests that DV has both immediate and enduring impacts on women's ability to search for work, advance in their career, explore career opportunities, and make long-term career plans (Lantrip, Luginbuhl, Chronister & Lindstrom, 2015). DV, then, seems to have lasting effects on victims' career paths and trajectories (Lantrip et al., 2015).

Given the impact DV has on obtaining and maintaining employment, as well as on the advancement in one's career, many victims are subjected to long-term negative financial consequences. Previous research has found that victims of DV are more likely to experience variability in their employment including bouts of unemployment as well as dependence on social assistance (Lloyd & Taluc, 1999; Moe & Bell, 2004). Furthermore, Moe and Bell (2004) found that women who are victims of DV often experience poverty when they resign from their place of employment due to the need to leave a city or town in order to escape a violent home. Often these women are afraid to disclose their experience of DV at the workplace and resign to avoid any further stigmatization or shame (Moe & Bell, 2004).

It is important to recognize that DV is not restricted to any specific demographic group and that women who are in high-wage and status positions can, and do, experience DV. In fact, women in this group are often "hidden victims" and are viewed as having enough education,

money and resources to extricate themselves from a violent relationship (Katula, 2009). As a consequence of these types of beliefs, coupled with the already existing stigma toward DV victimization, women in these positions often do not report the violence, use employee benefits, or take a leave of absences (Katula, 2009). Moreover, these women are regularly seen as competent, professional and in control - and fear being seen as otherwise. Therefore, many of these women are reluctant to ask for help out of fear that they will be viewed as unable to handle their personal situations, and subsequently, suffer in silence (Kwesiga, Bell, Pattie, & Moe, 2007).

The Impact DV has on Perpetrators in the Workplace

While much of the focus has been on the impact DV has on victims, there has been increased attention placed on the effect DV has on perpetrators in the workplace. For instance, studies have demonstrated that like victims, factors related to DV can impact perpetrators' work performance and productivity due to missed work days, showing up late or leaving early, having difficulty concentrating at work, and making errors on the job (Ridley et al., 2005; Schmidt & Barnett, 2012; Walters et al., 2012; Swanberg et al., 2005). Additionally, research has indicated that perpetrators will often utilize workplace resources to continue their violent behaviour. For example, perpetrators may use their work time to harass their partners through email, phone calls and text messages using company phones and computers (Ridley et al., 2005; Schmidt & Barnett, 2012). Swanberg et al. (2005), also found that workplaces that employ DV perpetrators are economically affected when these offenders are required to deal with DV-related issues like court dates, counselling, and absenteeism due to incarceration, probation orders, etc.

Some research suggests that DV can have an impact on perpetrators safety at work. Through interviews with perpetrators about workplace experiences, Rothman and Perry (2004) found that perpetrators frequently commented that the preoccupation with anxiety about their behaviours had led to decreased attention to safety and health protocols (Rothman & Perry, 2004). This resulted in an increased risk of workplace accidents that may not only have put themselves at risk of being injured on the job but also co-workers. Such findings can be related to victims of DV, who would likely have similar experiences with being distracted at the workplace. Thus, it is important for organizations to be aware of the potential health and safety risks that are the by-product of DV, such as reduced concentration, particularly for workplaces that operate heavy machinery. Keeping all employees safe from workplace accidents is a fundamental practice for all workplaces and in Canada required by law. As such, awareness should be placed on how DV can potentially impact workplace safety at various levels, including decreasing employees' attention to safety regulations and practices.

Impact DV has on Secondary Victims in the Workplace

Although perpetrators of DV may not initially set out to target co-workers of their victims, the safety of co-workers can also be jeopardized (Moe & Bell, 2004; Swanberg et al., 2006; Pollack, Austin, & Grisso, 2010). Research suggests that perpetrators may bother co-workers when the victim is not present in the workplace, or even harass co-workers for information regarding the victim (Mighty, 1997; Pollack, Austin, & Grisso, 2010; Moe & Bell, 2004). Moreover, perpetrators who frequently telephone victims at work can place co-workers in potentially harmful or stressful situations if they successfully draw co-workers into the middle of the situation (Johnson & Gardner, 1999). In fact, in a Canadian study, Mighty (1997) found that

co-workers indicated that they experienced decreased concentration as a result of frequent phone calls placed by abusers, thereby resulting in lower production and output levels.

Another negative effect on secondary victims is the stress and anxiety they face in observing the impact co-workers endure from DV victimization while at the workplace. (Wathen et al., 2015; Fejedelem, 2007; McFerran, 2011). Co-workers of DV victims have been found to feel the need to protect victims at work if they are aware of DV, which can be straining emotionally (TUC, 2014; Fejedelem, 2007; Mighty, 1997). Additionally, Mighty (1997) found that when interviewing co-workers, many commented that they feared victims might harm themselves while operating dangerous machinery, adding to the emotional strain. In the same study, co-workers commented that the workplace atmosphere was also impacted, with the workplace becoming more stressed when the effects of DV were known and not appropriately addressed (Mighty, 1997); this resulted in reduced social cohesion in the workplace (Mighty, 1997; Fejedelem, 2007). Consequently, the presence of DV can impact the functioning of a workplace and the employees within it.

Employment as an Important Pathway to Safety

Although consequences of DV manifest in the workplace, previous research has found that employment also empowers victims of DV in a number of ways (Navarro, Jasinski, & Wick, 2014). For instance, Rothman, Hathaway, Stidsen and De Vries (2007) found that employment is an important factor in victims having the resources to leave their violent partner, in part, due to the additional benefits that are associated with employment such as: financial flexibility, improved mental health, self-esteem, physical safety and social support. Furthermore, these researchers found that being employed helped to minimize social isolation as well as provided a

sense of purpose (Rothman et al., 2007). However, when employment is disrupted, victims often lose many of the positive benefits that would otherwise be derived from working. In fact, Butts Stahly (2000) found that victims are less likely to leave an abusive relationship if they are economically dependent on the violent partner. Taken together, the existing research suggests that assisting victims of DV to find and maintain employment can be paramount in helping them leave a violent relationship (Gloss Gilroy, 2008). Likewise, the workplace may be a key point of intervention for improving the wellbeing of victims of DV. However to date, there is a dearth of research examining the types of resources victims receive in the workplace, and even less so with Canadian samples.

Disclosure and Workplace Supports

Increased research attention has focused on how DV victims seek support in the workplace. Broadly, literature suggests that victims were most likely to disclose to co-workers, followed by immediate supervisors and managers (McFerran, 2011; Rayner-Thomas, 2013; Swanberg et al., 2005; Swanberg & Macke, 2006; TUC, 2014). Reports of workplace disclosure range from approximately 30% - 65% (McFerran, 2001; Rayner-Thomas, 2013; Swanberg et al., 2005; Swanberg & Macke, 2006; TUC, 2014). In their review of the literature, Swanberg and colleagues' (2005) found that there are a number of reasons why respondents informed someone at work about their abuse including: the need for advice, support from friends, expressing emotions to someone, legal protection or for safety purposes.

Previous literature has demonstrated that DV victims can receive a variety of workplace supports as a result of disclosure and these can be beneficial (Swanberg & Logan, 2005; Swanberg & Macke, 2006; LeBlanc, 2009). Evidence suggests that victims tend to generally

have positive experiences disclosing their experience with DV at work, although more research is needed in this area (Swanberg, et al., 2005). Through a quantitative analysis of over 500 female participants, Swanberg et al. (2006) found that the vast majority of women in their sample were satisfied with the supports they received at the workplace. Most often the supports received were informal (e.g., a listening ear, co-workers spent lunch with them), though protection supports (e.g., schedule flexibility, workload flexibility) were received. Intervention supports (e.g., assisted with security planning at the workplace) were also received, however, they were listed at a lesser frequency (Swanberg et al., 2006). These findings are consistent with the broader literature, which has shown that seeking and receiving social support is associated with positive outcomes for victims exposed to DV (Bybee & Sullivan, 2002; Liang, Tummala-Narra, & Weintraub, 2005).

However, some evidence has also suggested that victims report negative experiences when receiving support for DV at work. For example, in an Australian study by McFerran (2011), only 10% of those who disclosed about DV to a supervisor found it helpful. Moreover, many of the participants in this study indicated that they never received any formal support after disclosing their abuse. Likewise, another study revealed that even after disclosing about abuse there can be discrepancies between the work supports victims received and what they actually desired (Yragui, Mankowski, Perrin, & Glass, 2012). For example, among women who wanted help obtaining legal assistance, few received these supports (Yragui et al., 2012). Despite the considerations of geographical and cultural differences, the contrast between these studies and Swanberg et al.'s (2006) study reveals the need for more research to identify the prevalence and effectiveness of the workplace supports DV victims are receiving. Furthermore, such findings emphasize the risks involved in disclosing at work (i.e., the victim may not feel supported).

Hence, uncertainty about the outcomes of disclosure may complicate victims' decisions to report their abuse.

One specific area that is in its infancy with respect to research is the actual availability of formal supports for DV in workplaces. Previous research suggests that there is a great deal of inconsistency in the availability and delivery of these supports throughout employment sectors and settings (Swanberg, Ojha, & Macke, 2012; Baird et al., 2014). For instance, in a large-scale study conducted by the US Bureau of Labor Statistics (2006), most employers surveyed did not have a policy that specifically addressed DV. In fact, only 4% of the surveyed employers provided training related to DV and the workplace. Findings from another study using chief executive officers (CEOs) from Fortune 1500 companies came to similar conclusions, with most surveyed CEOs indicating a lack of awareness of all the DV related supports that were offered by their organization (CAEPV, 2007).

A similar lack of awareness of available services has been found for Employee Assistance Programs (EAPs). Even though the EAPs offer a range of services, there are often barriers preventing employees from taking full advantage of them (Pollack et al., 2010; Lindquist et al., 2010). Yet, workplace initiatives to address violence have not been robustly researched, and the current literature on this subject is scant (Ghanbarpour, 2011). As such, it is difficult to draw any conclusions about the effectiveness of EAPs that address DV in the workplace, which is concerning given the potential benefits of providing workplace support for victims of DV.

Difficulty with Disclosing about DV in the Workplace

Despite many victims having positive disclosure experiences at work, there still remains a large number of victims who choose to remain silent. By doing so, these victims will likely not

receive the support they may need from their employer or union. There are many reasons a victim may choose not to disclose at work, but some research suggests that the reasons fall into three main categories: a) victims felt DV was a personal issue and not one that should be discussed at the workplace, b) felt embarrassed and/or ashamed, and c) did not feel people at work could be trusted (Swanberg et al., 2007). Other researchers have posited that employed DV victims remain silent out of fear of losing their job (Lemon, 2001). In countries such as Canada and the US, employers cannot legally justify termination on the basis of DV alone. However, as mentioned earlier, the lack of disclosure may result in the termination of a victim due to the by-products of abuse, such as poor work performance (Moe & Bell, 2004).

There is also a generalized assumption that DV is a matter of privacy. Therefore, some victims choose not to disclose about abuse at the workplace as a means to remain private (McFerran, 2011; Rayner-Thomas, 2013; MacGregor et al., in press; Swanberg & Macke, 2006). Some victims even admit that although DV has affected them at work, they still felt strongly that household issues should remain in the home, and find little reason to discuss personal issues in the workplace (Swanberg et al., 2006; McFerran, 2001; Rayner-Thomas, 2013; Swanberg et al., 2005; TUC, 2014). Others simply fear that disclosure would cause stigmatization and subsequent negative treatment by co-workers and supervisors (MacGregor et al., in press; Swanberg et al., 2006). It appears the lack of trust among co-workers and fear of judgment may prevent some victims from formally disclosing abuse at the workplace (MacGregor et al., in press; Swanberg et al., 2006). This is troubling given the earlier evidence that disclosure of abuse can provide assistance that is often viewed as positive by victims of domestic violence.

Role of Bystanders in DV in the Workplace

Given the evidence that DV spills-over into the workplace, as well as its effects on victims, perpetrators, and co-workers, there still remains little research on the role of bystanders in the prevention of DV at the workplace. However, there is a growing body of research that has examined workplace bullying in relation to bystanders. Such research, although somewhat different in nature, can be applied to bystanders who witness DV, particularly the fundamental role that bystanders can play in preventing and responding to violence in general.

Past research on bullying has recognized that effective intervention and prevention strategies involve consideration of the multiple roles bystanders can take on (Paull, Omari & Standen, 2012). A number of researchers have posited that bystander intervention holds the promise of being the most effective response for workplace bullying (Mulder et al., 2013; Rayner & Bowes-Sperry, 2008; Johnson, 2011). While intervention efforts have largely placed the focus on the victims and perpetrators of bullying, with limited success, bystander intervention makes bullying everyone's problem, holding each individual accountable for the behaviours around them (D'Cruz & Noronha, 2011). Similarities can be drawn for bystanders witnessing DV at the workplace. Specifically, a bystander intervention approach to DV in the workplace would create supportive work environments that demonstrate zero-tolerance toward violence, which is tremendously important in fostering a supportive work environment (D'Cruz & Noronha, 2011; Davey-Attlee & Rayner, 2007).

Workplace friendships and other peer relationships are the practical starting point for creating work environments with the potential to reduce impacts of violence. This may be an even more salient point when it comes to DV in the workplace, given the evidence that victims

are most likely to disclose to a colleague in an effort to gain support (McFerran, 2011; Rayner-Thomas, 2013; Swanberg et al., 2005; Swanberg & Macke, 2006). D'Cruz and Noronha (2011) asserted that bystander intervention training and workplace relationships, especially friendships, could aid in bringing employees together and provide the support co-workers need. Accordingly, providing DV education that has a focus on bystander intervention may be an important step in helping employed victims.

Furthermore, providing education and training to help bystanders in identifying both victims and perpetrators of DV within a workplace is also a logical first step, particularly given the insidious nature that the spillover DV can have in a workplace. In order for employees and employers to take proactive steps towards the prevention and intervention of DV they first have to identify the concerns within their workplace. Thus, an important area of research that has yet to be explored is the factors that impact one's ability to identify DV victims and perpetrators in an employment setting.

Bystanders and Moral Disengagement

To engage bystanders it is vital that they perceive DV as something that should be addressed, particularly when it is present in the workplace. According to Bandura's Social Cognitive Theory of the moral self, individuals will choose to confront behaviours based on their perspective of it being of moral and ethical relevance to do so (Bandura, 1999). As such, individuals develop internal standards of morality, which are then used to evaluate not only their own behaviour, but also the behaviour of others. How individuals behave, then, is based on the consequence of acting in accordance or contrary to his or her own standards of morality. Acting in accordance to these standards leads to a positive and desirable self-evaluation, however

violating one's standards leads to undesirable self-evaluation and self-censorship (Claybourn, 2011). Therefore, all individuals are motivated to behave according to their moral standards (Bandura, 1999).

An important caveat to how individuals engage in their moral self-regulation process is that the process can also be prevented from occurring, or even stopped after it has begun. In Social Cognitive Theory, the cognitive processes involved in the prevention or avoidance of moral decision-making and moral behaviour are collectively referred to as moral disengagement (Bandura, 1999). According to Bandura, whether or not people behave morally is influenced by an ongoing interaction between moral reasoning, affect and social reception. Moral disengagement, then, allows for individuals to avoid the distress produced from self-censuring by cognitively reconceptualising a behaviour that would typically go against their moral standards.

Furthermore, moral agency is shaped and learned from the community in which an individual develops his or her social relationships (Gini, Pozzuoli & Bussey, 2015). Consequently, inhumane behaviours can be facilitated by group decision-making through shifting moral disengagement from an individualistic framework to a collective one. For instance, it has been demonstrated that individuals who are in a group setting will have an increased likelihood of expressing negative perceptions of a victim, or even blaming victims for their condition, when compared to when they are alone (Cehajic, Brown, & González 2009; Gini, Pozzuoli, & Bussey, 2015). As such, moral behaviour is determined by a combination of personal and social influences (Bandura, 1999).

With respect to DV in the workplace, moral disengagement can theoretically be applied to bystanders who are confronted by signs of a co-worker being victimized by an intimate

partner. In such situations, not only will employees' own beliefs toward DV influence their moral decision-making and response, but so too may the overall workplace culture. For instance, if an employee is witnessing DV spilling-over into a co-worker's work-life, he or she will have a moral response (e.g., "I believe DV is wrong") but will also be influenced by environmental factors (e.g., a workplace climate not supportive of addressing the spillover of personal issues). Although this employee may believe DV is wrong, she/he is able to avoid addressing the co-worker's experience of DV by morally disengaging; specifically, by reconceptualising the experience (e.g., "there is no need for me to offer assistance since this is not a workplace issue"). The bystander's response could be rather different if she/he believed that DV is a workplace issue (i.e., "I need to address this and provide some form of support"), particularly in a workplace that encouraged a pro-social environment and acknowledged the impact of DV and responded in-kind.

Bystanders and the Motivation to Act

Whether bystanders actively respond to DV violence in the workplace will depend on their willingness to do so. Though most people view DV as a criminal offense that should be addressed, it is likely that for many employees addressing DV in the workplace will be a novel experience. This is largely due to the artificial boundaries that have historically separated addressing personal issues that fall outside of work-related concerns (Fejedelem, 2007).

Determining how to encourage bystanders to act when they are aware of DV's presence becomes fundamentally important in confronting DV in the workplace. Prochaska, DiClemente, and Norcross's (1992) Transtheoretical Model of behaviour change (TTM) provides a framework to understand how to encourage employees to address DV in the workplace; particularly for

employees who may view DV as a non-workplace issue or less likely to confront signs of DV out of moral disengagement.

TTM suggests that behaviour change occurs as individuals move through five stages: precontemplative stage (where there is no intention of changing behaviour); contemplative stage (where one becomes aware that a problem exists, but has not yet made a commitment to action or change); preparation stage (where one intends to take action immediately and is choosing what course of action is best); action stage (where one is actively modifying the behaviour); and the maintenance stage (where one has successfully changed the behaviour and is working to prevent relapse; Prochaska, 1995). The Transtheoretical Model also outlines ten processes through which change occurs. These processes, which are empirically validated, have been grouped into experiential and behavioural categories (Daniels & Murphy, 1997). Experiential processes involve thinking about, or reacting emotionally to, one's behaviour and its impact on others and the environment (Babcock, Canady, Senior, & Eckhardt, 2005). Behavioural processes, then, involve behaviour change or alteration of the environment in order to facilitate behaviour change (Babcock et al., 2005).

Understanding the motivation to act might help the development of effective programs leading to an amelioration of the negative consequences for victims of DV in the workplace. An increased understanding of the factors underlying active defending and supportive behaviours toward victims compared to passive bystanding would be beneficial. Moreover, understanding how to move employees through TTM's precontemplative/contemplative stages and into the action stage by addressing their ambivalence toward confronting DV in the workplace may be key to developing interventions that will address DV when it is present in a workplace. To do this, not only does one need to examine the elements that make DV a relevant issue to employers

and employees, but also the factors that will encourage the progression through TTM stages. This involves examining both attitudinal motives as well as environmental factors that work at the experiential and behavioural processes that are laid out in the model. Likewise, increasing motivation to address DV through these processes should, at the same time, prevent moral disengagement, as employees will be less likely to avoid reconceptualising their moral standards and increase the likelihood of behaving more consistently within them.

Impact of Organizational Culture and Climate

Appelbaum et al. (2005) contends that the strength of a workplace's 'ethical climate' can be determined by how strongly employees are committed to its policies and norms. In stronger ethical climates, there is a clear understanding by employees of what behaviours are expected. As a result, employees are more likely to choose more pro-social behaviours when confronted with situations that may be counter to that particular workplace's climate. In other words, the ethical climate of an organization is part of its workplace culture; this culture develops in every organization and is set out in its values and norms. These values and norms are then important in influencing the development of guidelines to enforce its ethical standards (Appelbaum et al., 2005; Appelbaum, Semerjian & Mohan, 2012).

If employers are aware of the problems that are present and are cognizant of the ways in which they can help, they become better equipped to appropriately address productivity issues, improve workplace policies, and create more supportive environments for their employees (Berger, 2015). As Berger (2015) suggests, in order to address DV, a pervasive yet taboo issue, it is vital to foster an organizational culture that is willing to do so. In fact, Bulutlar and Oz (2009) demonstrated the importance of workplace culture and climate in their study examining the

relationship between ethical climate types, bullying behaviour, and organizational commitment. These researchers found that nearly all dimensions of bullying were reduced when an organization had a climate that specifically addressed bullying in the workplace. Moreover, climates where employers were seen as caring for their employees were observed to significantly reduce the amount of physical threats and bullying in the workplace. These authors concluded that organizational climate affects the commitment level of employees, and that a caring climate is the most significant climate that affects change (Bulutlar & Oz, 2009). Although not specifically focusing on DV, it seems logical that similar results would be found for workplaces that have policies that specifically address DV and the workplace. It may be that it is even more important to specifically encourage an organizational climate that is open to the support of DV victims and the safe intervention of DV perpetrators by bystanders. What seems to be a fundamental part in creating such a culture is the need for policies and procedures that specifically address DV and the workplace.

Importance of DV Policy in the Workplace

DV policy in the workplace may be vital to workplaces developing an ethical and caring climate. It has been suggested that policies serve to assist employers in taking actions that ensure fair treatment of DV victims and minimize the negative impact of litigation and other costs that are associated with the impact DV has on a workplace. The development of comprehensive policies that demonstrate a serious recognition of DV as a problem that can, and should be, addressed is vital in creating a safe workplace (Lindquist et al., 2010; Swanberg, Ojha, & Macke, 2012; Mollica & Danehower, 2014). Similarly, it is important that these policies initiate training programs that equip managers and supervisors with the knowledge as well as skill to recognize

signs of victims in the workplace (Lindquist et al., 2010; Mollica & Danehower, 2014).

Unfortunately, little is known about the policies that are currently in place that address DV and what little exists suggests many workplaces do not have specific DV policies or training (United States Bureau of Labor Statistics, 2006). Perhaps more importantly, there is also no evidence for how effective workplace policies are. This highlights the general lack of research on this topic and is suggestive of a lack of effort organizations have put forward in tackling a very significant issue.

In general, countries lack national level policies or strategies to address DV in the workplace. Furthermore, there is currently no international labour standard to address the pervasive issue of DV in the workplace (Lindquist et al., 2010; Swanberg, Ojha, & Macke, 2012; Wathen, MacGregor, & MacQuarrie, 2015). In Canada, DV protections for employees are primarily provided through Occupational Health and Safety legislation that differ by Province. The majority of jurisdictions have a general duty provision that requires employers to take all reasonable precautions to protect the safety and health of employees; still, not all jurisdictions have specific policies and procedures that address DV. Consequently, there is an urgent need to develop and evaluate workplace policies and practices in dealing with employed victims and perpetrators of DV. Likewise, to overcome barriers that hinder help seeking, it is of substantial importance that victims can not only trust their employer, but are also made aware of the protections they are afforded under the law (Wathen, MacGregor & MacQuarrie, 2015).

DV Education, Resources and Awareness in the Workplace

Given the economic, social and personal costs that DV has on employees and to employers, the cost of appropriate training and prevention seems not only more reasonable, but

also generally beneficial for an organization. Aytaç and Dursun (2012) found that organizational training programs that address workplace violence contributed to increased job satisfaction and decreased rates of self-reported depression. While not specifically addressing DV, it seems logical that all types of violence could have similar results. Indeed, Tolentino, Restubog, Scott, Garcia, and Tang (2011) found that higher levels of job satisfaction were reported by DV victims who felt their employers were supportive compared to those who did not feel supported. Furthermore, this research indicated that perceived workplace support mitigates many of the negative outcomes resulting from employees' experiences with DV. Accordingly, employees who feel comfortable seeking out workplace supports will be more likely to cope with job demands as well as maintain employment and economic security; all of which serve as vital factors in leaving a violent relationship (Patton, 2003). Thus, workplace education designed to first raise awareness about DV and its impact on employees and the workplace is paramount in fostering a supportive place of employment and sending a clear message to victims of DV that the employer cares about the issue.

Unseen Benefits of DV Education

There are also unseen benefits of providing education and awareness training on DV in the workplace. Not only do these programs demonstrate a willingness the employer has in supporting a potential victim of DV, it also offers a valuable opportunity to provide information on how to gain and access DV related supports within the organization as well as in the community. This information can be immensely important in a victim overcoming a violent relationship as well as maintaining employment. Moreover, because victims often fear that their abusers will learn that they have sought assistance through social service providers, it is not uncommon for victims to contact these agencies while they are at work (Moe & Bell, 2004). In

this context, educational initiatives in the workplace could provide assistance to employees in danger because informative resources would be made discretely available to them. By providing this information to the workplace, victims who have not disclosed and perhaps never will, can still benefit from the information by potentially accessing services they need. Furthermore, if victims feel a sense of support in the workplace, then seeking help could be a less intimidating process (Mighty, 1997). As such, having workplace education on DV has both observable and unobservable benefits for employees who may be experiencing violence at home.

Knowledge Gained From DV Education For Non-Victim Employees

Navarro et al. (2014) found that providing training on DV and the workplace can be an effective method in fostering stronger knowledge with respect to recognizing and responding to DV. Using pre and post-tests, these researchers found that training improved employees' and employers' willingness to respond and intervene when confronted with the victimization of a co-worker. However, levels of "comfortableness" and "competency" improved only marginally following training (Navarro et al., 2014). It may be that training alone cannot increase someone's level of comfortableness and competency, particularly if individuals have little or no prior experience dealing with DV. Regardless, a majority of employees and employers believed the training provided to be necessary and delivered practical tools on how to respond to victims (Navarro et al., 2014). These researchers also found that the knowledge gained from training significantly improved employees' understanding of the dynamics that are present in DV victimization; this being of critical consequence, given the evidence that many co-workers, managers, and supervisors hold false assumptions on why individuals remain in violent relationships (Navarro et al., 2014).

Perpetrators' Beliefs Toward DV Education

Research with perpetrators also suggests that workplace education for DV is of significant importance. Through interviewing perpetrators about their experience with DV and the workplace, Rothman and Perry (2004) found that many participants commented that their employers were unaware of what constitutes DV. Perhaps due to the lack of knowledge, many of their employers were not effective at screening, or referring employees who perpetrated violence (Rothman & Perry, 2004). Research has also suggested that supervisors often did not say or do anything in response to the DV being present in the workplace (Schmidt & Barnett, 2011; Reckitt & Fortman, 2004; Rothman & Perry, 2004). Accordingly, it may not be that supervisors are unaware of DV, but rather are turning away from addressing DV when it enters the workplace. Even worse, research suggested that responses by supervisors and co-workers can be highly inappropriate including, for example, blaming the victim, joking about the DV, or colluding with the perpetrator (Schmidt & Barnett, 2011; Reckitt & Fortman, 2004). Though there still remains a shortage of research examining DV perpetration and the workplace, it is however essential that workplaces train individuals to recognize DV and respond appropriately when they become aware of DV, particularly individuals in supervisory roles.

Co-Worker Awareness of Victims and Perpetrators in the Workplace

There is also a specific gap when it comes to understanding how aware employees are about their co-workers' DV experiences (MacGregor, Wathen & MacQuirrie, 2016). This is particularly true with respect to research that has been completed on DV perpetration in the workplace. In a study which surveyed DV perpetrators in a batterers' intervention program, Schmidt and Barnett's (2011) found that 65% of participants stated a co-worker was aware of the DV. While Schmidt and Barnett's finding is the only estimate of its kind, it is likely an

overestimate of the general workplace awareness of DV perpetration given the sample was entirely made up of men who were already in a DV intervention program. Nevertheless, evidence from official reviews of DV related deaths suggests that co-workers are often among the people who are aware of the DV but do not know how to intervene nor recognize the severity of the situation (Office of the Chief Coroner, 2015)

More research has been completed on identifying DV victims within a workplace. Large-scale surveys on DV in the workplace have reported awareness rates of co-worker DV victimization from 16% - 20% (McFerran, 2011; TUC, 2014; Rayner-Thomas, 2013). Unfortunately in these surveys victims of DV were unable to also report being aware of other co-workers' DV experience. This is of specific concern given that DV victims are more likely than non-victims to be aware of other victims' experiences and therefore rates of awareness may be underestimated. In fact, prior experience with DV and its relationship with identifying both victims and perpetrators of DV in the workplace is something that has yet to be examined in the literature.

Beliefs toward DV at the Workplace

Beliefs and Violence Against Women

Beliefs have been shown to play a fundamental role in the perpetration of DV as well as victims' and community response to violence (Flood & Pease, 2009). There has been substantial research demonstrating the association between beliefs that support or justify violence with DV perpetration, bystander responses to violence as well as the response of social institutions like, for example, the criminal justice system and other service providers (Anderson et al., 2004; Berkel et al., 2004; Fanslow et al., 2010; Murnen, Wright &, Kaluzny, 2002; Stith et al. 2004;

Lee & Hadeed, 2009; Wu et al., 2010; Garcia-Moreno et al., 2005; Saunders & Size, 1986). As such, a focus on changing beliefs toward DV, and more generally violence towards women, has been a substantial part of preventive research. For example, beliefs have been the primary target of education campaigns aimed at preventing violence against women (Flood & Pease, 2009). However, there has been limited evaluation completed that comprehensively examines the factors that shape beliefs towards violence against women (Flood & Pease, 2009). Likewise, there have been few interventions developed to target maladaptive beliefs and even fewer have produced data on its effectiveness (Campbell & Manganello, 2006; Dill-Shackleford et al., 2015).

Unfortunately, victims are often blamed for the violence that they experience from an intimate partner (Halket, Gormley, Mello, Rosenthal & Mirkin, 2014; Giles, Cureen, & Adamson, 2005). Similarly, victims of DV are often viewed as having more negative internal attributions and are questioned for remaining in a violent relationship (Halket et al., 2014; Summers & Feldman, 1984). Although, it is common for many to question why victims remain in violent relationships and assume they should simply leave; such an assumption does not take into account the dangers of leaving these relationships, nor the dynamics abusers use to maintain power and control within a relationship. Unfortunately, beliefs like these not only further stigmatize victims, but can also influence victims to stay in a relationship out of fear of judgment (Halket et al., 2014).

Factors That Shape Beliefs Towards Violence Against Women

In a review of the literature, Flood and Pease (2009) assert that there are a multitude of factors that impact and shape beliefs towards violence against women. These factors also operate

at multiple macro and micro levels within societies and across cultures; for instance, beliefs are broadly shaped by the media, culture and the social norms within a particular community, and through an individual's socialization. Moreover, there is often an intersection of these factors, which can produce different beliefs toward DV. The best example of this is gender and culture, which can significantly influence beliefs toward gender roles and beliefs as well as the dynamic behaviours present between intimate partners (Flood & Pease, 2009; Markowitz, 2003).

Additionally, various influences on beliefs operate within organizations, institutions, and in society as a whole (Flood & Pease, 2009). For example, schools and workplaces shape beliefs through formal policies and structures as well as informal norms and peer influences (Flood & Pease, 2009). Likewise, institutions like schools and workplaces are themselves shaped by outside factors like the media, government legislation, as well as the cultural and community context in which they function. Thus, there is tremendous complexity when examining the influential factors that shape individuals beliefs and even more so when examining dynamic systems in which multilevel influences are operating. Similarly, it is important to note that beliefs alone do not cause relational violence; rather beliefs are associated with the use of violence, and therefore, are not a causative factor in-and-of itself (Flood & Pease, 2009).

Impact of Gender and Age on Beliefs Toward Violence Against Women

Although a complex relationship exists between factors that influence beliefs towards violence against women, there are a number of factors that are more well-established as predictors than others. One such factor is gender, which is consistently found to be a major influence on beliefs towards violence against women (Flood & Pease, 2009). Broadly, past research has shown that men are more likely than women to hold beliefs that minimized violent

behaviours as well as more likely to blame victims for the violence (Flood & Pease, 2009). This has led many researchers to label the gender asymmetry in beliefs towards violence against women as a “gender gap” (Flood & Pease, 2009). Furthermore, the gender gap is not limited to particular cultures or geographic locations, with research completed in North America and abroad documenting that men are more likely to hold supportive beliefs toward DV (e.g., victim blame, minimize violence, etc.) compared to women (Anderson & Swainson, 2001; Nabors & Jasinski 2009; Pease & Flood, 2009).

Age has also been shown to predict beliefs toward domestic violence. In particular, research suggests that boys and young men are more likely than older men to endorse supportive beliefs toward DV (Anderson et al. 2004; Aromaki et al. 2002; Flood & Pease, 2009). However, other researchers have found that there are numerous factors that intersect with an individual’s age which impact beliefs toward violence against women (i.e., socioeconomic status, education level, past experiences, etc.). Research has also suggested that most young people are against relational violence, and a minority retain beliefs supportive of violence depending on sample characteristics (Indermaur, 2001). Thus, there is complexity in how individuals come to form their beliefs toward DV and age alone does not entirely account for this development.

Impact of Prior Experience with DV on Beliefs Toward Violence Against Women

The complexity involved in the formation of beliefs towards DV extends to research examining the impact of witnessing or experiencing DV. Some researchers suggest children who are subjected to early violence are also more likely to endorse DV supportive beliefs, and therefore, more likely to be perpetrators of DV when they are older (Garcia-Moreno et al. 2005; Markowitz, 2001). The gender gap has also been found to be present in this relationship as well,

with males, rather than females, more likely to condone violence against women if they have experienced violence themselves. (Markowitz, 2001; Flood & Pease, 2009) Longitudinal research has provided evidence that supports the intergenerational transmission of supportive beliefs and behaviours related to violence (Reyes et al., 2015; Lichter & McCloskey, 2004).

However, in their thorough review of the literature, Flood and Pease (2009) found that prior experiences with DV could lead to both supportive and intolerant beliefs toward violence. Here again, these authors highlighted the complexity of the casual mechanism that shape belief formulation, particularly when it comes to past experience with violence. Other researchers have pointed out that the majority of those who have grown-up in violent homes do not go on to perpetrate violence in their relationships (Indermaur, 2001). In other words, the link between witnessing and perpetrating violence against an intimate partner is complex and impacted by a number of social and situational factors.

Beliefs Toward DV and the Workplace

Beliefs about DV often follow victims into the workplace. For instance, Denham (1992) found co-workers and supervisors often chose not to intervene in the violence they witnessed at the workplace because they felt that the victim should just simply leave the abuser. Similar findings were found by Mighty (1997), who conducted extensive interviews with victims of domestic violence, co-workers, and managers. Mighty found that although disclosure was encouraged, co-workers and managers often possessed stereotypical assumptions towards DV victims. With many co-workers failing to understand the safety concerns related to escaping a violent relationship, and again, often suggest that the best thing for the victim is to leave the abuser (Mighty, 1997). Moreover, co-workers and managers also suggested that at a certain point

victims of DV had to learn how to separate what was happening at home from their responsibilities as an employee. Again, these beliefs revealed an inadequate understanding of the effects of DV, as well as maintain the traditional belief that DV should be kept at home (Mighty, 1997). However, this research was conducted almost a decade ago, given the progress in public awareness raising campaigns on domestic violence it is possible that beliefs at the workplace have also changed.

Current Study

Purpose and Significance

Public opinion has increasingly acknowledged that DV is a pervasive issue that should be addressed. However, this acknowledgment often does not transfer to the workplace, with many viewing DV as a separate issue from work safety and function (Swanberg & Logan, 2007; Fejedelem, 2007). Yet, as the evidence suggests, DV often has a powerful intersection with a victim's and a perpetrator's workplace (Wathen et al.; Swanberg, Macke, & Logan, 2006; Swanberg & Macke, 2006; TUC, 2014; McFerran, 2011). Unfortunately, it seems that a lack of awareness and historic beliefs on the role that workplaces play has fostered environments that are generally lacking in assisting victims of DV. As a result, it appears that even with the general belief that DV is wrong, employees may still ignore the occurrence of DV in the workplace and its impact on colleagues. This may be in part due to moral disengagement, with some finding it easier to avoid their moral standards in a workplace environment that lacks the awareness, training, policy and procedure that specifically address DV as an issue.

Nevertheless, given the impact that DV has on the Canadian workplace, as demonstrated by Wathen et al.'s (2015) recent report, as well as the lack of Canadian research examining the

complex relationship between DV and the workplace, it is the purpose of the current study to add to the emerging literature on DV and the workplace. Utilizing data from the first ever pan-Canada survey on DV and the workplace (see Wathen et al., 2015), the current study examined the relationship between prior experiences with DV and beliefs toward DV's impact on workers. To the best of my knowledge, the current study was the first of its kind to specifically examine how a range of prior experiences with DV relates to beliefs toward the impact DV has on workers. Consequently, a major goal of the current research was to explore what experiences with DV, if any, make the impact of DV in the workplace a relevant issue for employees. In addition, the current study examined the association between prior experiences with DV and employees' awareness of DV victims and perpetrators within their workplace.

Research Questions and Hypotheses

Research Question One

What types of prior experience with DV (i.e., past victimization, knowledge of victim/perpetrator, DV education, or no DV experience at all) relate to a participant's increased awareness on how DV impacts workers? Furthermore, do gender differences exist within each type of prior DV experience as it relates to the perceived impact DV has on workers?

Hypothesis 1: Individuals who are categorized as having multiple experiences with DV (i.e., have two or more types of prior DV experiences) will believe the impact DV has on workers as the most significant.

Hypothesis 2: Individuals with no prior experience with DV will believe the impact DV has on workers as the least significant.

Hypothesis 3: Across all types of prior experiences, women will believe the impact of DV on workers as more significant when compared to men with the same type of prior experience.

Research Question Two

Are there differences in the perceived impact DV has on workers between participants within different age groupings? Furthermore, does a gender difference exist between men and women within these different age categories?

Hypothesis 4: The perceived impact DV has on workers will be higher for younger participants compared to older participants. This difference will be greatest when comparing participants categorized as ‘younger’ (i.e., 15 to 34) to the oldest group of participants categorized as ‘older’ (i.e., 55 and older).

Hypothesis 5: No significant difference will be found between ‘middle age’ participants (i.e. 34-53 years) and ‘older’ participants (i.e., 55 and above years) when examining their beliefs about the impact DV has on workers.

Hypothesis 6: Gender differences will still be supported throughout age groups. However, in the youngest age group men and women will have a similar scores on the DV impact measure compared to men and women who belong to the ‘middle-aged’ and ‘older’ age categories.

Research Question Three

The current study also examined if an individual’s prior experience with DV has any relationship with identifying colleagues who may be victims or perpetrators of DV. More specifically, whether an individual’s own experience with past victimization increases the likelihood of identifying a colleague who is a victim or perpetrator of DV and whether exposure to workplace education on DV has a similar relationship.

Hypothesis 7: Participants with prior DV education will be significantly more likely to identify co-workers as victims and perpetrators of DV compared to participants with no prior DV education experience

Hypothesis 8: Participants with multiple prior experiences with DV will be significantly more likely to identify co-workers as victims and perpetrators of DV than those with no DV experience or only one type of prior experience.

Hypothesis 9: There will be a significant association between the gender of participants and identifying co-workers as victims and perpetrators of DV. Women will be significantly more likely to identify co-workers who are victims of DV compared to men. Men will be significantly more likely than women to identify co-workers who are perpetrators of DV.

Hypothesis 10: There will be a significant association between age of participants and identifying victims and perpetrators of DV. With participants in the ‘younger’ age-category significantly more likely to identify co-workers as victims and perpetrators of DV compared to individuals in the ‘middle age’ and ‘older’ age categories.

Methodology

Overview

Researchers at the University of Western Ontario in collaboration with the Canadian Labour Congress (CLC) launched the first Canadian survey examining DV’s impact on the workplace. The survey was available online across the country in both official languages of Canada, and anyone aged 15 years and older, regardless of their experience with DV, were eligible to participate. Recruitment was provided through the widespread networks of the CLC and its affiliates; they used posters and handed out bookmarks at events, and these materials were provided to affiliates for national, regional and local distribution. This recruitment process was in addition to the significant national media attention at the launch of the survey. Recruitment emails were also provided to union officials for distribution through its member lists. Web URL and QR codes were provided in the email, which linked access to the survey. All materials used the slogan “Can work be safe when home isn’t?” and noted the partnership between the CLC and the University of Western Ontario.

The survey was adapted from a previous questionnaire that was used in a similar Australian study (McFerran, 2011). To ensure a robust survey relevant to the Canadian context, consultation with a number of groups was completed, including the Women’s Committee of the CLC, the project Steering Committee and Working Group, antiviolenace advocates, as well as

experts in specific areas (i.e., health and legal services). The survey was prepared for completion on the Fluid Surveys Web survey platform (i.e., fluidsurveys.com).

Procedure

Upon clicking the link participants were provided the survey that could be completed on a computer or on a mobile device. The first page of the survey provided information on: the purpose of the study, what participation would involve, potential compensation, confidentiality, potential risks and benefits, and voluntary nature of participation. The first page also stated that completion of this survey was taken as informed consent to participate in this research.

Total completion of the survey took ten to thirty minutes, with most respondents completing the survey in less than twenty minutes. Once completed, respondents were provided with a message that thanked them for their participation and were provided DV resources for their province of residence. In appreciation for their time, participants were also given the option of entering a draw for a tablet computer; all identifying information for draw entries was kept separate from survey responses.

Measure Overview

The survey consisted of over sixty questions focused on people's experiences with DV and the workplace, however the number of questions each participant answered varied depending on their answers (see Appendix B). Participants were asked to indicate if they were presently experiencing, or had ever experienced DV. Participants who indicated that they had personal experience with DV were provided additional questions. These questions focused on how DV impacted their work and their co-workers, whether they disclosed the violence with anyone at work, and what types of workplace supports they received. Significant demographic information was collected for all participants.

The majority of the survey's items were answered using a Likert scale. Some questions allowed space for respondents to provide more detailed text-based answers. All information collected was anonymous and was used for research purposes only. All of the electronic data is stored at Western University at the Centre for Research & Education on Violence Against Women and Children on password protected computers.

Given the exploratory nature of this type of research, the survey was developed to obtain a wide range of information in order to develop a better understanding of the impact and scope on DV in the workplace. As such, there is currently no reliability or validity data on the survey that was employed for this study. Prior to the launch, the survey was given to survivors of DV, the general population, DV experts as well as advocates to test for clarity. Future recommendations include conducting detailed analysis on the validity of this measure. However, given the novelty of the current research, rigorous evaluation on the potential threats to internal validity was difficult to complete.

Demographic Characteristics

Participants responded to various closed-ended demographic questions including their: sex/gender, age, place of birth, Aboriginal status, and work-related variables (i.e. employment status, union status, sector, hours, and size of workplace, province working in). In the current study 'age' of participants was divided into three distinct categories: 'younger' (15 – 34 years), 'middle aged' (35 – 54 years), and 'older' (55 years and above).

Past Experience with DV

DV was defined in the survey as 'any form of physical, sexual, emotional or psychological abuse, including financial control, stalking and harassment. It occurs between

opposite- or same-sex intimate partners, who may or may not be married, common law, or living together. It can also continue to happen after a relationship has ended'. Participants responded 'yes' or 'no' to three main questions: 1) whether they were currently experiencing DV, 2) whether they had experienced DV in the past 12 months and 3) whether they had experienced DV more than 12 months ago. In the current study, participants with any past experience with DV were classified as having prior experience with personal victimization.

DV Education in the Workplace

Participants were asked if they had received information about DV from their employer or union ('yes' or 'no' response selection). In the current study, participants who indicated that they did receive DV information from their union, workplace, or both were considered as having prior experience with DV education.

Knowledge of Victims and Perpetrators of Domestic Violence

All participants were asked if they believe there is 'at least one' co-worker who is 'experiencing, or previously experienced, domestic violence'. They were also asked if they knew 'at least one' co-worker who they believe had previously been 'abusive or is abusive toward his/her partner'. Participants that indicated 'yes' to either of these questions were grouped together as having past experience with identifying/known a co-worker who is a perpetrator or victim of DV.

Beliefs about the Impact DV has on Workers

Participants were asked a question regarding how DV impacts the work lives of workers exposed to DV (i.e., *"In general, how much do you think DV impacts the work lives of workers*

exposed to DV in some way?”). This question was scored on a five-point Likert scale ranging from (1) ‘not at all’ to a (5) ‘whole lot’. Scores on this question were used as a measure of people’s beliefs toward the impact DV has on workers, with higher scores indicating the belief that DV had a larger or more significant impact.

Data Analysis

In order to complete analyses participants were grouped into distinct categories according to their prior experiences with DV: 1) ‘No DV Experience’ (i.e., having no personal exposure to DV, DV education, or awareness of a perpetrator/victim at work); 2) ‘DV Personal Experience Only’ (i.e., having personal victimization with DV but no DV education or awareness of a perpetrator/victim at work); 3) ‘DV Education Only’ (i.e., having DV education but no personal victimization of DV or awareness of a perpetrator/victim at work); 4) ‘Knowing/identifying Perpetrator/Victim Only’ (i.e., having awareness of a perpetrator/victim at work but no personal victimization of DV or DV education), and 5) ‘Multiple Experiences’ with DV (i.e., two or more types of prior DV experience). To examine the differences between types of prior DV experience with participants’ beliefs toward the impact DV has on workers ANOVAs were employed. The current study also explored the role of gender and age by conducting separate analyses including gender (women vs. men) as a factor in the main ANOVAs described above. Likewise, separate chi-square analyses were used to examine if there were any differences between men, women and age categories.

All data was analyzed using SPSS-22. Though heterogeneity in variance was found in the current data set, given the large sample size and all the analyzed groups sharing similar skewness, it was deemed appropriate to use ANOVAs (Sawilowsky & Blair, 1992). This is supported by past evidence that has demonstrated that an ANOVA can be considered robust to

non-normality (see Maxwell & Delaney, 2004). Consequently, ANOVAs using Welch's adjustments were used when heterogeneity of variance was found.

Ethical Considerations

Ethical approval was obtained from Western University's Non-Medical Research Ethics Board by the developers of the survey in 2013 (approval #104156; see Appendix A for letter).

Results

Preliminary Analyses

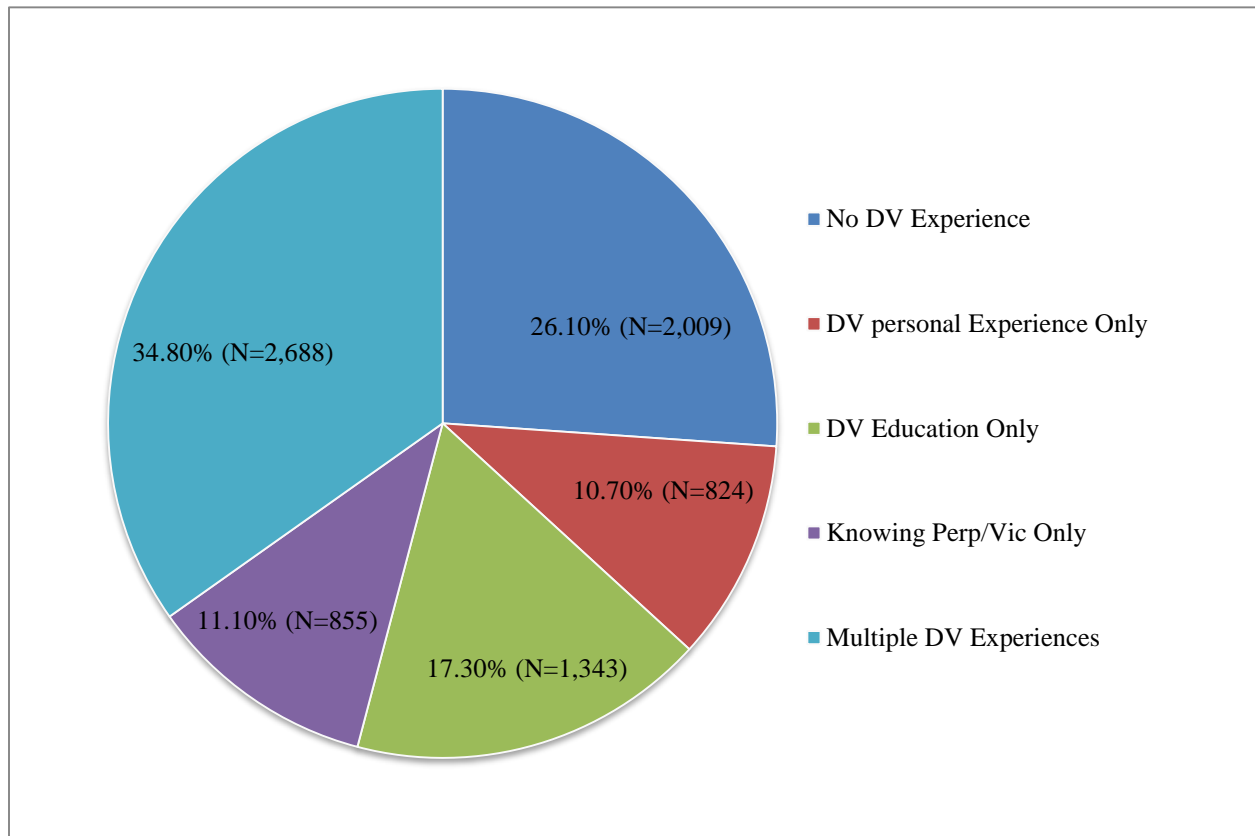
Sample Characteristics

For more detailed information on the demographic breakdown for the original sample see Wathen et al. (2015). What follows is a brief summary of important demographic information for the subset of participants that were used in the current study. The subset excluded participants who did not provide an answer to the survey question about the impact DV has on workers as well as those who did not indicate their age or sex. The subsequent sample was made up of 1,631 (20.7%) men and 6,203 (78.9%) women, with over half falling between the ages of 35 to 55 (55.8 %, n = 4,419).

Prior Types of DV Experience

Figure 1 presents the percentages of participants within each category. Results indicated that of the categories of prior types of experience, the most common category was for participants having multiple DV experiences.

Figure 1. Percentages of Participants in Each Prior DV Category



Gender Analysis on Prior DV Experience Types

As shown in Table 1, women were significantly more likely than men to report having multiple experiences with DV. Women were also more likely than men to have experienced personal DV victimization. Men, however, were more likely than women to report that their only experience with DV was through workplace education. Men were also found to be more likely to report having no experience with DV compared to women.

Table 1. Gender Difference in Prior Experience with DV

| Type of Prior Experience | | Female (6203) | Male (N=1631) | χ^2 |
|-----------------------------|-----|---------------|---------------|----------|
| No Experience | Yes | 1536 (24.8%) | 517 (31.70%) | 32.13** |
| | No | 4667 (75.2%) | 1114 (68.3%) | |
| DV Personal Experience Only | Yes | 753 (12.1%) | 84 (5.2%) | 66.11** |
| | No | 5450 (87.9%) | 1547 (94.8%) | |
| Education Only | Yes | 987 (15.9%) | 368 (22.6%) | 39.94** |
| | No | 5216 (84.1%) | 1263 (77.4%) | |
| Knowing Perp/Vic Only | Yes | 669 (10.8%) | 205 (12.6%) | 4.23* |
| | No | 5534 (88.9%) | 1426 (87.4%) | |
| Multiple Experiences | Yes | 2258 (36.4%) | 457 (28%) | 40.07** |
| | No | 3945 (63.6%) | 1174 (72%) | |

** $p < .001$

* $p < .05$

Primary Analyses

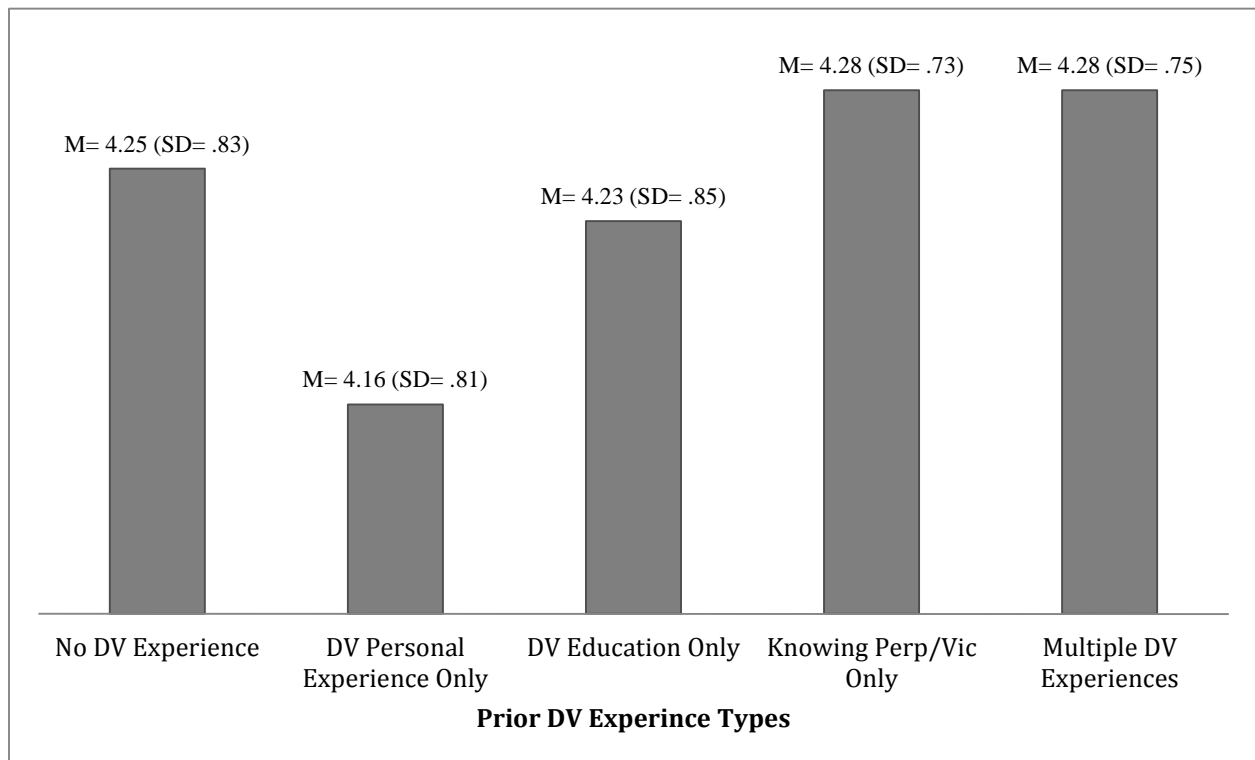
Prior Types of DV Experience and Beliefs Towards DV Impacting Workers

A statistically significant difference was found between the types of prior experience and participants' belief toward the impact DV has on workers, Welch's $F(4, 2,803) = 4.03, p = .003$. Consistent with hypothesis 1, on average, participants who had multiple DV experiences believed DV had a larger impact on workers compared to participants with only one prior DV experience or no DV experience at all (see Figure 2).

A Games-Howell post hoc analysis revealed significant differences in participants' beliefs toward the impact DV has on workers between prior experiences with DV. Participants with multiple DV experiences reported DV to have a significantly higher impact on workers compared to participants with personal DV experience only ($p = .002$). Similarly, participants grouped as only knowing a victim or perpetrator reported DV to have a significantly higher impact on workers compared to participants in the DV personal experience only group ($p = .02$). A trend toward significance was found in participants' belief toward the impact DV has on

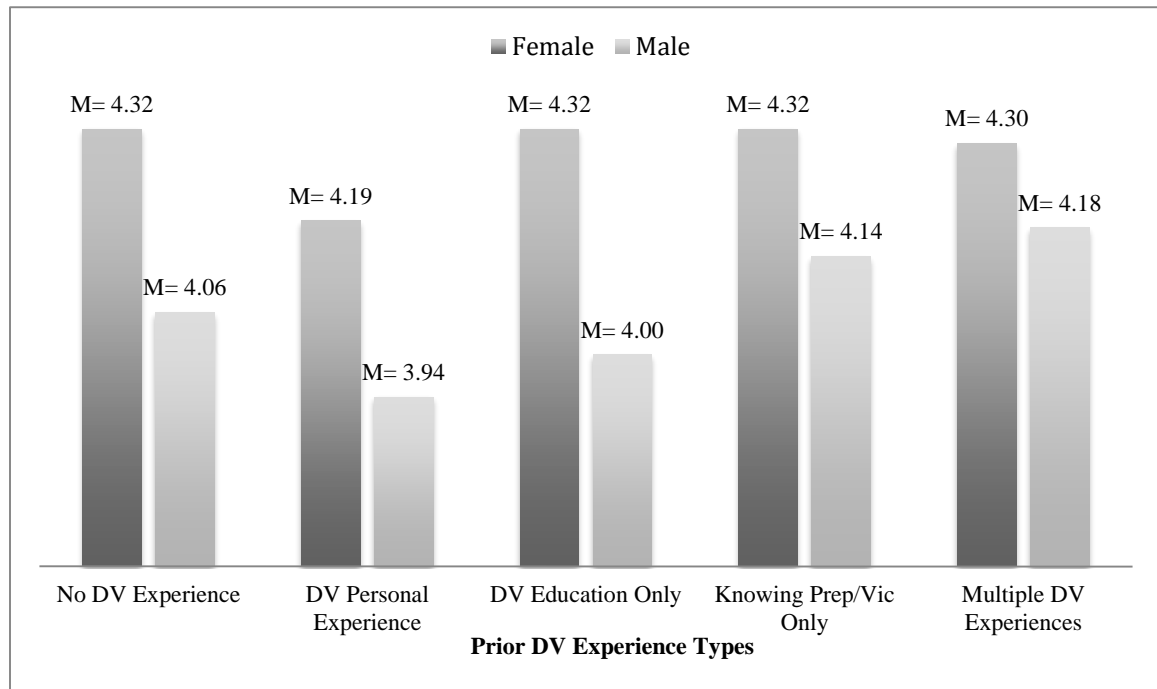
workers between the no prior DV experience group and the DV personal experience only group ($p = .06$).

Figure 2. Mean Scores for Prior DV Experience Types and Belief Toward the Impact DV has on Workers



Unexpectedly, participants in the DV personal experience only group were found to rate the impact DV has on workers lowest among the types of DV experience. On average, this group of participants scored the impact DV has on workers lower than participants who had no experience with DV. An additional unexpected result was found in the group of participants whose only experience with DV was being aware of a co-worker who was a victim or a perpetrator of DV. This group believed the impact that DV has on workers was equal to participants with multiple DV experiences.

Figure 3. Mean Scores on Belief Toward the Impact of DV on Workers by Gender



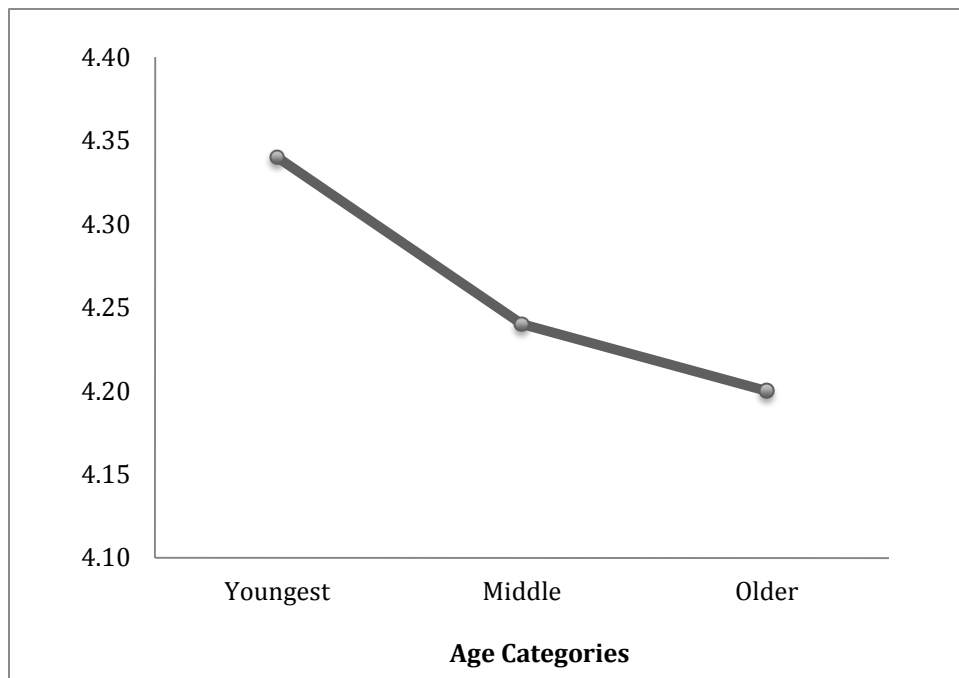
Gender, Types of Prior DV Experience, and Beliefs on DV Impact on Workers

A two-way ANOVA was conducted to assess for an interaction effect between gender and types of prior experience with DV on beliefs toward the impact DV has on workers. Given the violation of homogeneity of variance, to reduce type 1 error, a Bonferroni-adjusted P -value was used (McDonald, 2014). As a consequence, there was not a significant interaction found between gender and types of prior experience with DV. However, a significant main effect was found between men and women on beliefs toward the impact DV has on workers with prior experiences with DV, $F(1,7,629) = 71.20, p < .001$. Consistent with the hypothesis 3, across all types of prior experience women believed the impact that DV has on workers was more significant when compared to men (see Figure 3).

Age and Belief toward the Impact DV has on Workers

A significant difference was found on the DV impact scores between the different age groups, $F(2, 7,685) = 13.30, p < .001$. In order, scores increased from 'older' ($M = 4.20, SD = .80$), 'middle' ($M = 4.24, SD = .80$) and then to 'youngest' ($M = 4.34, SD = .78$; see Figure 4). Additional analyses using pairwise comparisons were run with 95% confidence intervals and P -values that were Bonferroni-adjusted; these analyses revealed that the statistically significant mean difference was between the 'younger' age group and both the 'older' ($p < .001$) and 'middle' ($p < .001$) age groups, indicating that 'younger' participants believed DV has more of an impact on workers compared to 'middle' and 'older' aged groups used in this study. There was not a statistically significant difference between 'older' and 'middle' age participants' beliefs toward the impact DV has on workers ($p = .28$). Likewise, a significant interaction was not found between age and types of prior DV experience on beliefs toward DV's impact on workers, $F(8, 7,685) = .68, p = .71$.

Figure 4. *Mean Scores on Belief Toward the Impact of DV on Workers by Age*



Age, Gender and Belief Toward the Impact DV has on Worker

Given the significance found between age and beliefs toward DV's impact on workers, a two-way ANOVA was conducted to assess for an interaction effect between gender and age on participants' beliefs toward the impact DV has on workers. No significant interaction emerged between age and gender of participants with their beliefs toward the impact DV has on workers, $F(2, 7,612) = .24, p = .79$.

Types of Prior Experience and Identifying Victims of DV

There were significant differences found between the types of prior experience with DV and participants identifying a co-worker who was a victim of DV (see Table 2). Overall, having any type of prior DV experience increased the likelihood of identifying a co-worker as a victim of DV. However, unlike the other experience groups, the majority of participants with multiple experiences with DV identified a co-worker as a victim of DV. Less than a third of participants with no prior experience with DV identified victims of DV in the workplace.

Table 2. Differences in Identifying Victims/Perpetrators for each Type of Prior DV Experience

| | Identified Victim of DV | | | Identified Perpetrator of DV | | |
|------------------------|-------------------------|---------------|-----------|------------------------------|---------------|----------|
| | Yes | No | χ^2 | Yes | No | χ^2 |
| No Experience with DV | | | | | | |
| Yes | 27.9% (820) | 72.1% (2,119) | 197.27** | 8.2% (235) | 91.8% (2,644) | 88.02** |
| No | 43.8% (2,161) | 56.2% (2,776) | | 15.5% (757) | 84.5% (4,118) | |
| Personal DV Experience | | | | | | |
| Yes | 46.5% (1,185) | 53.5% (1,365) | 118.92** | 17.1% (428) | 82.9% (2,081) | 60.53** |
| No | 33.7% (1,797) | 66.3% (3,530) | | 10.8% (564) | 89.2% (4,682) | |
| Education | | | | | | |
| Yes | 44.9% (1,538) | 55.1% (1,891) | 127.56** | 15.6% (528) | 84.4% (2,867) | 41.47** |
| No | 32.4% (1,440) | 67.6% (3,004) | | 10.6% (463) | 89.4% (3,893) | |
| Multiple Experiences | | | | | | |
| Yes | 79.20% (2,161) | 20.80% (569) | 3029.29** | 28.1% (757) | 71.9% (1,935) | 868.50** |
| No | 16% (821) | 84% (4,326) | | 4.6% (235) | 95.4% (4,828) | |

** $p < .001$

Additionally, prior experience with DV education as well as prior DV personal experience was found to be associated with participants' likelihood of identifying co-workers who are victims of DV (see Table 2). Participants who indicated having prior experience with DV education were more likely to identify a co-worker as a victim of DV compared to those who had no DV education. This finding also supports hypothesis 7, which predicted that DV education would increase the likelihood of identifying a victim of DV in the workplace compared to those with no education. Furthermore, participants who indicated having personally experienced DV were more likely to identify co-workers as victims compared to those who had no personal DV experience

Types of Prior Experience and Identifying Perpetrators of DV

Overall, fewer participants identified a co-worker as a perpetrator of DV (compared to victims) across all types of prior DV experiences (see Table 2). Similar to participants who identified co-workers as victims of DV, participants who had multiple prior experiences with DV were more likely to identify a co-worker as a perpetrator of DV compared to those with no prior DV experience or only one type of experience with DV. Only 8.2% of participants with no prior experience with DV identified a perpetrator in the workplace. Here again, hypothesis 8 which predicted that the highest amount of participants who will identify co-workers as perpetrators of DV would be ones' with multiple prior experiences with DV was supported. Likewise, hypothesis 7 which predicted that prior experience with DV education would increase the likelihood of identifying a co-worker as a perpetrator of DV was also supported.

Age Differences in Identifying Co-Workers who are Victims and Perpetrators of DV

Results showed a statistically significant association between age and identifying co-workers as DV victims, $\chi^2 (2, 7,842) = 42.84, p < .001$ (see Table 3). However, contrary to hypothesis 10, participants in the ‘middle’ age and ‘older’ age categories were more likely to identify co-workers who were victims of DV, with approximately an equal portion of participants in ‘middle’ age and ‘older’ age groups identifying victims compared to ‘younger’ participants.

Table 3. *Age Differences in Identifying Co-workers who are DV Victims*

| | Younger (15-33) (n=1,597) | Middle (34-54) (n=4,397) | Older (55+) (n=1,848) | χ^2 |
|-----|------------------------------|-----------------------------|-----------------------|----------|
| Yes | 30.8% (492) | 39.7% (1747) | 39.7% (733) | 42.84* |
| No | 69.2% (1,105) | 60.3% (2,650) | 60.3% (1,115) | |

* $p < .001$

Across all age categories, fewer participants identified co-workers who were perpetrators of DV (see Table 4). There was, however, a significant association between age and identifying DV perpetrators in the workplace found for participants, $\chi^2 (2, 7721) = 38.92 < .001$. In contrast to the prediction, it was participants in the ‘older’ category that were more likely to identify co-workers who were perpetrators of DV.

Table 4. *Age Differences in Identifying DV Perpetrator in the Workplace*

| | Younger (15-33) (n=1,575) | Middle (34-54) (n=4,334) | Older (55+) (n=1,812) | χ^2 |
|-----|---------------------------|--------------------------|-----------------------|----------|
| Yes | 8.2% (129) | 13.6% (588) | 15% (271) | 38.92* |
| No | 91.8% (1446) | 86.4% (3746) | 85% (1541) | |

* $p < .001$

Gender Differences in Identifying Co-Workers who are Victims and Perpetrators of DV

Using a Bonferroni corrected p -value, results indicated a statistically significant association between gender and identifying co-workers as DV victims, $\chi^2 (1, 7,993) = 6.15.84, p = .013$, with a higher likelihood of women identifying victims of DV in the workplace (see Table 5). However, the difference between men and women in this sample was small, with 38.6% of women and 35.2% of men indicating that they were aware of a co-worker who was a victim of DV. Accordingly, these results support the hypothesis numbered 9, which predicted women would be more likely to identify co-workers who were victims of DV compared to men.

Table 5. *Gender Differences in Identifying DV Perpetrators and Victims In the Workplace*

| | Identified Victims | | | Identified Perpetrators | | |
|--------|--------------------|--------------|----------|-------------------------|--------------|----------|
| | Yes | No | χ^2 | Yes | No | χ^2 |
| Female | 38.6% (2378) | 61.4% (3790) | 6.15* | 12.3% (749) | 87.7% (5321) | 5.18** |
| Male | 35.2% (572) | 64.8% (1053) | | 14.5% (232) | 85.5% (1371) | |

* $p = .013$, ** $p = .02$

A difference was also found between gender and identifying a co-worker as a perpetrator of DV, $\chi^2 (1, 7,673) = 5.18, p = .02$. This difference, though again small, was in a different direction compared to identifying co-workers as victims; with a higher likelihood of men identifying perpetrators compared to women in this sample. Consequently, this finding is in support of hypothesis 9, which predicted that men would be more likely to identify a co-worker as a perpetrator compared to women.

Discussion

The present study examined Canadians' beliefs toward the impact DV has on workers. Using data from a large-scale survey (see Wathen et al., 2015), this study focused on how employees' beliefs were impacted by their personal experiences with DV. Types of prior experiences with DV were found to have a significant relationship with how participants perceived the impact DV has on workers. There were also significant relationships found between gender and age on participants' beliefs toward the impact DV has on workers. Additionally, the present study found age, gender, and certain types of prior DV experiences were associated with identifying a colleague as a victim or perpetrator of DV. Each finding is discussed below.

Prior Experience and Beliefs on the Impact DV has on Workers

An interesting pattern emerged when examining participants' prior experiences with DV and their own beliefs toward the impact DV has on workers. Not surprisingly, participants with multiple prior DV experiences were found to have the highest scores on their beliefs toward the impact DV has on workers. However, participants who knew a victim and/or a perpetrator were also found to have as high of a score as participants who have multiple experiences with DV. It is possible that knowing a victim or a perpetrator at the workplace provides direct evidence of how DV spills-over for a co-worker. As a result, individuals who know a victim or perpetrator are likely more aware of the impact DV has on co-workers through either witnessing, or hearing about it. Given the previous research that suggests the majority of victims disclose to a colleague (McFerran, 2011; Rayner-Thomas, 2013; Swanberg & Macke, 2006; Wathen et al, 2015), it is possible that for many of these participants the second-hand information provided by a victim has significant implications in recognizing the impact DV has on the workplace.

An unexpected result was found for participants who reported having only personal experience with DV victimization. Of all the prior types of DV experience, these participants believed the impact DV has on workers was the least significant. Although this finding may at first seem unusual, it could be attributed to the stigma that is unfortunately characteristic of DV victimization, particularly when pertaining to the workplace; with participants choosing to minimize their own experience for a number of reasons (e.g., social desirability, shame, etc.). This point is supported in past literature, which has found that victims of DV will remain silent due to the belief that DV is a personal issue and not one that should be discussed in the workplace, or felt embarrassed/ashamed to do so (Swanberg et al., 2007; Wathen et al, 2015). Adding to this is the fact that these same participants indicated no exposure to DV education within the workplace. Perhaps the lack of education about DV in the workplace has left them without knowledge of the supports available to them. Therefore, they may continue to feel as though they are unsupported and have to protect themselves through minimizing their experience out of shame, embarrassment, or stigma (Moe & Bell, 2004).

Similarly, these results may be due to participants being less willing to admit the impact DV has on their work life as a way of appearing unaffected. Past research suggests that victims of DV, particularly those in higher status jobs, desire to be seen as competent, professional as well as in control, and fear being seen otherwise. As a consequence, many victims of DV may be reluctant to acknowledge the impact DV has out of fear of being perceived as unable to handle their personal situations (Kwesiga, Bell, Pattie & Moe, 2007). For these participants, protecting their job by minimizing the impact DV has, is perhaps, more important than actually recognizing its impact. The motivation to protect one's job is not a naïve one, given that research has found

that victims of DV are at risk of losing their jobs (Navarro, Jasinski, & Wick, 2014; Park, 2003; McFerran, 2011; Swanberg et al., 2005).

Nevertheless, it is important to note that overall participants in the current study viewed DV as having a significant impact on workers. Though differences do exist between types of prior experience with DV and the perceived impact DV has on workers, these differences are still within the high end of participants' scores. These results suggest the presence of a general awareness that DV has significant impact on workers, which supports McFerran's (2011) earlier findings. Likewise, it is encouraging that participants with no prior experience with DV still perceive the impact that DV has on workers as substantial. This may further demonstrate a possible shift from viewing DV as strictly an issue that occurs within the confines of a private home, however there still is evidence that individuals do not always feel this way (Swanberg, Ojha, & Macke, 2012; McFerran, 2011).

Types of Prior Experience and Gender on the Impact DV has on Workers

Women were found to be significantly more likely to endorse beliefs that perceived DV as more impactful on workers compared to men. This gender asymmetry in beliefs towards DV has been previously documented. Past research has generally shown that men are more likely to hold beliefs that minimized violent behaviours as well as more likely to blame victims of DV (Diemer, 2014; Flood & Pease, 2009). This finding is partially supported in the current study, with men being found to have lower overall belief scores on the impact DV has on workers. However, it is again important to draw attention to the overall finding that both men and women believed that DV has significant impact on workers and the differences found on the perceived impact DV has on workers was minor in nature in the current study.

For both men and women, prior experience with only DV victimization were the lowest scoring groups in regards to their beliefs toward to the impact DV has on workers, with men scoring even lower than women. As explained above, this difference may be due to the stigma and shame that is felt by victims of DV. Moreover, this difference is perhaps amplified for men in the workplace given both the historic separation of private-life from work-life and the cultural pressure on men to remain “tough” (Sinclair & Taylor, 2004). Further research is needed to explore the mechanism through which victims of DV cope with the impact DV has on them while at work, particularly for male victims.

Age and Beliefs Toward the Impact DV has on Workers

The age of participants was found to be an important factor in how they perceived the impact DV has on workers. Participants between the ages of 15-34 years were found to endorse beliefs that viewed DV’s impact on workers as more significant when compared to participants that were 35 years and above. Results like this suggest a potential increase in awareness for younger generations toward the impact DV has on workers as well as a possible shift in beliefs toward acknowledging the spillover that DV has on individuals’ work life. However, these findings do conflict with some past research which has suggested that younger individuals will often hold beliefs that are more supportive of violence against an intimate partner (Anderson et al., 2004; Aromaki et al. 2002; Speizer 2010), particularly when comparing younger males to older males, which was not found in the current study. It is suspected that this increased awareness among younger individuals is the result of continued public campaigning and education (i.e., White Ribbon Campaign, The Fourth R, The Rose Campaign, etc.), which has brought a better understanding of the dynamics involved in intimate partner violence and healthy relationships.

Age and Identifying a Co-worker as a Victim or Perpetrator of DV

Results indicated a difference between age of participants and the likelihood of identifying co-workers as DV victims. Contrary to earlier predictions, it was participants in the 'middle' and 'older' age categories that were more likely to identify co-workers as victims of DV. This was also found for participants who identified co-workers as perpetrators of DV, albeit at a much lower rate. These results may, in part, be due to older individuals having had more exposure to a workplace environment given their age and the amount of time likely spent being employed. Regardless, this is considered a promising result given the earlier finding that younger individuals view the effect of DV as more impactful on workers when compared to older individuals. Accordingly, it is possible that as these younger individuals move further into their careers they may be at a better position to provide appropriate support or intervention once becoming aware of a colleague who is a victim or perpetrator of DV.

Gender Differences in Identifying Co-Workers who are Victims and Perpetrators of DV

There was a small but significant difference between men and women identifying DV victims in the workplace. As predicted, women were more likely to identify co-workers who were victims of DV compared to men. The opposite was found in respects to identifying perpetrators, with more men than women reporting knowledge of a perpetrator. Though previous research has been scant on this topic, it is suspected that these findings are due to a number of factors including both victims and perpetrators choice in who they disclose to, if at all. Perhaps victims are more likely to seek out support at the workplace, whereas perpetrators are likely motivated to hide any abuse that is taking place. Similarly, given that women are more likely victims of DV and men perpetrators, it may be that the women who do disclose about DV feel more comfortable doing so to another woman - even in the workplace. Furthermore, the gender

makeup of a workplace may play a role (MacGregor, Wathen & MacQuarrie, 2016). For example, identifying a victim of DV within a workplace may be more common in female-dominated work sectors, particularly given that women are more likely to experience DV. Whereas, identifying DV perpetrators within a workplace may be more common in male-dominated work sectors given that men are more likely to be perpetrators of DV.

Types of Prior Experience and Identifying Victims and Perpetrators of DV

Overall, having any type of prior DV experience increased the likelihood of identifying a co-worker as a victim of DV. Though it was found that participants who had multiple experiences with DV were the most likely to identify victims at their workplace. This was also true for participants who identified perpetrators in the workplace. Furthermore, participants who indicated having prior experience with DV education were more likely to identify both a victim and a perpetrator of DV compared to those who had no DV education. Though these findings suggests that firsthand experience seems to be an important factor when it comes to identifying co-workers who are victims and perpetrators of DV, these results also support the importance of DV education. More specifically these results lend support to Navarro et al. (2014) who found that providing training on DV and the workplace can be an effective method in fostering stronger knowledge regarding recognizing DV when it is present in the workplace.

Limitations of the Current Study

Sample

The current study is subject to limitations that should be taken into consideration when interpreting the findings. Firstly, there are a number of considerations that have to be made in regards to the sample that was used. For instance, the sample was not random; rather, it was

made up of self-selected participants from across Canada. As a consequence of this sampling technique, there was a significant under representation of regions of Canada (i.e., Quebec and the Atlantic Provinces) as well as overrepresentation of others (i.e., Ontario and British Columbia). Similarly, there was overrepresentation for certain employment sectors, namely the education and health sectors. This was likely due to the recruitment strategy that relied heavily on union participation, with both the education and health sectors having large union membership. Likewise, there were considerably more women who participated in the survey than men. It is speculated that this may, in part, be due to the fact that women are more likely to be victims of DV (Statistics Canada, 2015).

Furthermore, the sampling technique used may also explain the overall higher belief scores toward the impact DV has on workers. More specifically, there is some concern regarding self-selection bias. That is, participants who chose to complete this survey may have had an inherent interest in the topic or previous experience with DV, which were motivating factors in their participation. Thus the sample may not have captured employees who view DV as a non-work issue or hold more supportive beliefs towards the use of DV.

Research Design

Another limitation in the current study was the use of a cross-sectional design, therefore restricting the ability to infer causality. Although the current study examined factors associated with identifying victims and perpetrators in the workplaces, it is important to note that these factors are correlates of identifying co-workers and are not necessarily causative factors. The same can be said for the types of prior experience with DV and its influence on participants' beliefs toward the impact DV has on workers, with all significant findings being associations with beliefs and not actual casual effects. Additionally, one must be cautious given the large

sample size; as such a large sample does increase risk of type 1 error, given that small differences can be found to be significant but not meaningful. However, in order to reduce this error statistical adjustments were employed.

Measures Employed

There are also clear limitations with the measures employed in this study. For example, participants were grouped by prior experiences with DV based on simple ‘yes’ or ‘no’ responses, and therefore, little is known about what these experiences actually entail. Consequently, it is possible that the types of experience participants are having within the same group are vastly different. This may be best illustrated when examining prior experience with DV education, since the experience with a ‘DV resource’ could range from anything like actual classroom training to being provided a pamphlet at work. Furthermore, while the current study used the terms ‘identify’, ‘recognize’ and ‘awareness’ it is impossible to know the accuracy of participants’ perceptions of co-workers’ DV victimization or perpetration. Thus, one should be cautious when interpreting findings, and overall view them as preliminary results that should be used to encourage further research.

Implications of the Current Study

Despite these limitations, there are a number of important implications for workplace policy, practice, and education. Given that the vast majority of participants held beliefs that DV has significant impact on workers, it becomes imperative that employers continue to develop policies and procedures that address DV victimization and perpetration. In doing so, employers would reflect employees’ beliefs toward the impact DV has in the workplace and demonstrate recognition of DV as a problem that can, and should, be addressed. Likewise, workplace policy

that specifically speaks to DV ensures fair treatment of DV victims and should help to minimize the negative impact that DV has on workers. Ultimately, policy sets the stage for workplaces to tackle a complex problem that requires a strategic and multipronged response (MacGregor et al., 2015).

Although participants' response to a perpetrator or a victim of DV in the workplace was not measured in this study, past research has found that training improved employees' willingness to intervene when confronted with the victimization of a co-worker (Navarro et al., 2014). The current study does provide important insight on how prior experiences with DV may be a noteworthy factor in increasing employees' ability to identify a DV perpetrator or victim in the workplace. Individuals who have prior experience with DV were significantly more likely to report awareness of a victim or a perpetrator of DV. This finding suggests that those with DV experience may have insight into co-workers' experiences, or at least recognize the warning signs more readily. Consequently, the insights of those with DV experience may be significant in developing and providing various forms of workplace support (e.g., peer support, relevant education programs, etc.).

It is essential that DV education and training be delivered to all employees, including younger employees who are early in their careers. Given that past research has found that the knowledge gained from training significantly improved supervisors understanding of the signs and dynamics involved in DV perpetration and victimization, it becomes particularly important to train young employees as they are the future managers and supervisors (Navarro et al., 2014). This is amplified when identifying perpetrators of DV in the workplace since in the current study, as well as in past research, abusers often go unrecognized (Rothman & Perry, 2004). If employers and employees are aware of the warning signs and are cognizant of the ways in which

they can help, they become better equipped to appropriately address perpetrators and create more supportive environments for victims (Berger, 2015). Likewise, training and education will provide the language and skills necessary for employees to communicate openly about DV with their colleagues.

While it is clear that DV training is needed in the workplace, it is important that this training engages employees. Given the influence that both age and gender have on beliefs toward the impact DV has on workers, as well as in recognizing victims and perpetrators of DV at the workplace, a more tailored approach to DV education and training may be necessary. Specific training that takes into account the setting and demographics of the audience may be needed to increase the relevance that the information being shared has for that specific workplace. As the results in this study suggest, men and women as well as younger and older participants have different perceptions of the impact DV has on workers. Therefore, a one size-fits all approach to DV training and education may not be the best method in providing information that could potentially be life saving.

In addition, given the current study's finding that the vast majority of respondents were aware of DV's impact on workers, it is practical that education moves beyond simply building awareness on this exact issue. In other words, it is important that the focus of workplace education and training does not simply demonstrate the impact DV has on workers/workplaces, as this seems to already be acknowledged by most workers. Rather, education should address more complex aspects of the problem, like the dynamics of abusive relationships or contexts that dissuade victims from leaving violent relationships. Providing more nuanced information may be the important next step in developing a more comprehensive understanding for all employees of

the impact DV has on victims/perpetrators and potentially increase the general motivation to stand-up against DV.

Still, it is speculated that within the general population, and in particular for men, there remains persons who are unaware of DV's impact as well as hold more supportive beliefs toward the use of violence against an intimate partner. Moreover, these individuals likely did not respond to the survey used in the current study and may be the most difficult to engage in a dialogue about DV prevention and intervention. This point is supported in research conducted by the White Ribbon campaign, which found that although there has been an increase in men's understanding and condemnation of the overt forms of violence (e.g., rape and other physical acts of violence) the same cannot be said about more subtle forms of violence (Diemer, 2014). In fact, Diemer (2014) found that there are an increasing number of men that deny and trivialize the use of violence as well as reinforce myths and stereotypes. She goes on to point out that, "it is in recognising and challenging these subtle yet deeply held violence supportive attitudes in our community where the difficult work now needs to happen" (Diemer, 2014, p. 10) Accordingly, the workplace is perhaps in a perfect position to reach men that are not motivated to independently seek out information on DV and who would otherwise lack a deeper understanding about DV.

It is also important to extend the implications of this study past DV victims and perpetrators to also include co-workers. Given the current study's overall indication that many employees are aware of colleagues who were victims and/or perpetrators of DV, these findings highlight that victims and perpetrators are not the only individuals who are affected by DV. Likewise, co-workers who are not directly victimized may also benefit from DV supports within

a workplace. In fact, past research has found that co-workers of DV victims can experience stress related to being aware of victimization and can even be bothered or harmed by DV perpetrators (TUC, 2014; McFerran, 2011; MacGregor, Wathen & MacQuarrie, 2016). As a consequence, workplace supports and resources that address DV should also take into consideration the potential for ‘collateral victims’ or the impact that vicarious trauma has on employees within a workplace (Banyard et al., 2010; MacGregor, Wathen & MacQuarrie, 2016). Such a point is made even more salient given the previous research that suggests the majority of victims disclose to a colleague (McFerran, 2011; Rayner-Thomas, 2013; Swanberg & Macke, 2006; Wathen et al, 2015).

Future Research

Given the evidence that the majority of participants believed that DV has a significant impact on workers, encouraging employees to be motivated to support co-workers who are DV victims becomes an important concern. It is therefore paramount that beyond acknowledging DV’s impact on workers, one also increases the understanding of the factors underlying supportive behaviours toward victims compared to passive bystanding. Part of improving this understanding will involve using more robust sampling and experimental methods to not only increase external validity, but also gain a more thorough understanding of the complexities in supporting victims of DV within a workplace.

Accordingly, future research is needed to understand the ways in which employees and employers are responding to DV when they become aware of victims or perpetrators; this includes examining how the current supports in place (e.g., training, policy, etc.) aid in doing so. There is an urgent need to evaluate the effectiveness of both informal and formal workplace

supports (MacGregor, Wathen & MacQuarrie, 2016). Information that examines these supports will serve to provide evidence-based direction regarding how to appropriately respond to DV when it is present in a workplace, including how workplaces supports can be provided to perpetrators of DV. It is quite possible that currently opportunities are being missed to support DV perpetrators who are in a somewhat precarious position of desiring help but may lack the motivation or wherewithal to seek it out. Thus, workplaces may present an important pathway, or even the door, to which perpetrators can seek out services and be provided assistance in doing so.

Conversely, it is also important to note that not all DV victims want or need help, and therefore, bystanders within a workplace should be prepared to take on varied roles. For instance, a bystander can be vital in fostering a positive work environment before having to actively engage victims or perpetrators. Moreover, ‘engaging’ can mean a range of things, for example, lending an ear to someone to check ‘if there is anything you want to talk about’ or simply asking ‘are you okay’. Thus, further research is needed to explore how to best balance victims’ autonomy with how a workplace (including bystanders) can best assist victims.

Balancing victims’ autonomy is a rather complex issue but one that is vital in how workplace supports are provided. At one level it is important that victims’ are able to decide the type of response, if any, they desire from those involved in a workplace. However, it is also the responsibility of the workplace to keep all employees safe, and in Canada required by law. Therefore, further discussion is needed on where the line should be drawn in maintaining victims’ privacy and autonomy while also preventing and intervening when DV spillover into a workplace. Nevertheless, further research is needed to specifically examine victims’ experiences

with workplace supports as well as how colleagues can respond in a proactive but respectful manner.

Additionally, research is needed to examine how awareness of a DV victim or perpetrator in a workplace impacts the culture and perceptions of workplace safety. It is speculated that this awareness could lead to decreases in job satisfaction and productivity for non-victimized co-workers when the DV is not addressed in a workplace (Schmidt & Barnett, 2012; MacGregor, Wathen & MacQuarrie, 2016; Gyekye, & Salminen, 2009). Further research that utilizes co-workers perspective on how DV impacts their own work as well as the overall culture of a workplace will be an important future step in creating comprehensive policies that encourage supportive workplace environments.

There is also a continued need to explore how DV training and education engages employees. Not only does this include examining cultural considerations, but also examining what factors, if any, increase male engagement in training as it pertains to DV in the workplace. It may be that different approaches are needed for different populations in order to improve outcomes in creating a workplace that is supportive of DV victims as well as responsive to DV perpetrators. It is essential that further exploration be completed examining the factors within employees' behaviours (i.e., prior experience, beliefs, etc.) as well as within the workplace (i.e., culture, type of trainings, etc.) that predict more supportive environments towards DV victims. Likewise, it is fundamental to further explore how organizational culture impacts overall beliefs towards DV and use this as a guide in developing more engaging educational and training platforms.

Notwithstanding the need for examining DV education in the workplace, there is also a tremendous need to create policies that specifically address DV and the workplace. Equally,

there is a need to examine how policies are being employed to improve the overall wellbeing of workers who experience DV. As these policies are being implemented it is vital that they are continuously evaluated to determine their efficacy in supporting victims, providing perpetrators with appropriate services, and creating a safe and supportive climate for all employees.

Conclusions

DV is associated with serious consequences for victims, children, families, and even national economies. An emerging literature demonstrates that DV also has a negative impact on workers and workplaces. Less is known about Canadians' beliefs toward the impact DV has on workers or the extent to which individuals are able to identify co-workers' experiences of DV. Using data from a pan-Canadian sample of 7,834 men and women, the current study examined: how prior experiences with DV relates to beliefs toward the impact DV has on workers; how gender and age relate to beliefs toward DV's impact on workers; and the factors associated with identifying co-workers as DV victims and perpetrators.

While there were differences found between scores on the perceived impact DV has on workers with prior types of DV experience and gender, overall participants believed DV significantly impacted workers. Participants with multiple prior experiences with DV were found to have the highest scores on their beliefs toward the impact DV has on workers. Unexpectedly, participants who reported having only personal experience with DV victimization were found to hold beliefs that perceived the impact of DV on workers as least significant. Additionally, the age of participants was found to be an important factor in how they perceived the impact DV has on workers. Participants between the ages of 15-34 years were found to endorse beliefs that

viewed DV's impact on workers as more significant when compared to participants that were 35 years and above.

Results also provided information on how prior DV experiences relates to recognizing co-workers as victims and/or perpetrators in the workplace. Overall, having any type of prior DV experience increased the likelihood of identifying a co-worker as a victim or a perpetrator of DV. Though it was found that participants who had multiple experiences with DV were the most likely to identify victims and perpetrators at their workplace. Results also indicated a difference between age of participants and the likelihood of identifying co-workers as DV victims/perpetrator; with participants in the 'middle' and 'older' age categories more likely to identify co-workers as victims/perpetrators of DV compared to 'younger participants'. There was also a small but significant difference between men and women identifying DV victims in the workplace. As predicted, women were more likely to identify co-workers who were victims of DV compared to men. The opposite was found in respects to identifying perpetrators, with more men than women reporting knowledge of a perpetrator within a workplace.

Though there were some concerns raised with the measures, sample and research design of the current study, there still remains a number of important implications for workplace policy, practice, and education. It is increasingly clear that the spillover of DV into the workplace leads to decreased ability for victims, co-workers and perpetrators to engage effectively in their work. This includes decreased concentration, increased absenteeism, the inability to maintain employment, and at the extreme end DV can lead to workplace homicide. To this end, it is fundamental that workplaces begin to not only recognize the impact DV has on workers, as do

most employees, but also have the appropriate supports in place. Part of doing this will involve creating policies and procedures that support DV victims and address DV perpetrators.

Unfortunately, much more research is needed in establishing the most effective ways of addressing DV in the workplace. However, what remains clear is that workplaces can be a vital setting in not only providing tangible protections and resources, but also intangible benefits like friendship and social support; all of which are fundamental in escaping a violent relationship. Ultimately, if we are to ameliorate the impact of domestic violence it is imperative that all levels of society play its part - including the workplace.

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Appendices

Appendix A: Permission to Utilize Data and Ethical Approval



TO WHOM IT MAY CONCERN

Master of Arts Student Mike Saxton has my permission to conduct secondary analyses of the data from the DV in the Workplace Survey dataset, which was collected under protocol number 104156 of the Western University Non-Medical Research Ethics Board (attached).

A black rectangular box redacting the signature of the Principal Investigator.

C. Nadine Wathen, PhD

Associate Professor and Principal Investigator

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Nadine Wathen
File Number: 104156
Review Level: Full Board
Protocol Title: Domestic Violence in the Canadian Workplace
Department & Institution: Information and Media Studies\Faculty of Information & Media Studies, Western University
Sponsor:
Ethics Approval Date: October 01, 2013 **Expiry Date:** August 31, 2014

Documents Reviewed & Approved & Documents Received for Information:

| Document Name | Comments | Version Date |
|-----------------------------------|--|--------------|
| Western University Protocol | | 2013/08/06 |
| Response to Board Recommendations | Response to Board/Administrative Recommendations | 2013/09/19 |
| Other | Number of Subjects Detail | 2013/09/19 |
| Other | Revised Recruitment Email | 2013/09/19 |
| Other | Revised Reminder Email | 2013/09/19 |
| Recommendations Form | Recommendations | 2013/09/13 |
| Letter of Information | LOI on letterhead | 2013/10/01 |
| Response to Board Recommendations | Response to second round of revisions | 2013/10/01 |

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[Redacted Signature]

[Redacted Signature]

This is an official document. Please retain the original in your files.

Domestic Violence in the Canadian Workplace

LETTER OF INFORMATION

Introduction

You are invited to participate in a survey conducted by the Women's Committee of the Canadian Labour Congress in partnership with researchers at the University of Western Ontario (Western). Barb MacQuarrie is the Community Director at the Centre for Research & Education on Violence against Women & Children (CREVAWC) in the Faculty of Education at Western; Dr. Nadine Wathen is an Associate Professor, and Dr. Jen MacGregor a post-doctoral researcher in Western's Faculty of Information & Media Studies. This survey looks at how domestic violence can affect Canadian workers and what kinds of supports are available in workplaces. You are being asked to participate because you are a member of one of the unions co-sponsoring this survey.

Purpose of the study

When workers are experiencing domestic violence at home, the impacts are felt in the workplace. Surveys to gather data about domestic violence in the workplace have been conducted in the U.S. and in Australia, however there is a lack of data specific to Canada, including basic knowledge about the scope of the problem and its impacts on workers, employers and workplaces. Data is urgently needed to inform policy on how best to respond to this issue. The aims of this study are to learn about how domestic violence is affecting workers while they are at work and to learn how often this happens in Canada.

If you agree to participate

If you agree to participate in this study you will be asked to complete an online survey following this letter. You can use any computer or mobile device that is convenient and offers you privacy to complete the survey. Please be aware that completing the survey on a mobile device may lead to

data charges, depending on the type of data plan you have with your mobile carrier. We estimate that it will take you about 10-30 minutes to complete the survey. The online survey must be completed in one session (i.e., you cannot save your responses and continue later on). So if you choose to participate, please ensure you have at least this much time.

Compensation

In appreciation for your time, once you complete the survey, you will be given the option to provide your personal information so that you may be entered in a draw for a tablet computer. Entry in the draw is optional and your personal information will not be linked with your survey data. It will be kept separate and only used for the draw.

Confidentiality

All information collected for the study will be anonymous. The information will be used for research purposes only, and no information which could identify you will be used in any publication or presentation of the study results. Unless you choose to tell them, no one, including your employer, supervisor, co-workers or union representatives will know whether or not you have completed the survey. Your decision to participate will not affect your employment or union status. Electronic survey data will be stored at the University of Western Ontario at CREVAWC on password-protected computers. Only members of the research team will have access to the data. Electronic data will be destroyed after 7 years.

Potential Risks & Benefits

If you are currently or have in the past experienced domestic violence you may find it distressing to respond to questions about these experiences. Phone numbers are provided at the end of the survey so that if you feel distress you can call to speak to someone for support or information about supportive services where you live. Links to resources for domestic violence will also be provided at the end of the survey. By completing this survey, you may learn about domestic violence as a workplace and societal issue. However, it is possible that you may not directly benefit from participating in this research.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time without any penalty. Neither your employer, nor your union will know if you decide not to participate or not to answer questions. However, if you withdraw from the study, any data you entered into the survey cannot be removed, since it is anonymous.

Consent

Your decision to complete this survey will be taken as informed consent to participate in the research.

Questions

If you have any questions about the conduct of this study or your rights as a research participant you may contact the Office of Research Ethics, Western University at 519-661-3036 or ethics@uwo.ca. If you have any questions about this study, please contact Barb MacQuarrie at 519-661-4023 (bmacquar@uwo.ca) or Dr. Nadine Wathen at 519-661-2111 x88480 (nwathen@uwo.ca). To print this page, please use the print function in your browser window.

- ☐ Yes, complete the survey now
- ☐ No, but I may return to complete the survey at a later time
- ☐ No, I do not want to complete the survey
- ☐ I would like to learn about resources and supports in my area

Section 1: About You

1. What is your gender:

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other, please specify... _____

2. What is your age category?

- ☐ 15 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75+

3. Where were you born?

- ☐ Canada
- ☐ Other, please specify... _____

If other, how many years have you lived in Canada?

4. Do you identify yourself as an Aboriginal or Indigenous person of Canada?

- ☐ Yes
- ☐ No

If yes, are you:

- ☐ First Nations
- ☐ Inuit
- ☐ Métis

5. What were the ethnic or cultural origins of your ancestors?

(An ancestor is usually more distant than a grandparent. For example, Canadian, English, French, Chinese, East Indian, Italian, German, Scottish, Irish, Cree, Mi'kmaq, Salish, Métis, Inuit, Filipino, Dutch, Ukrainian, Polish, Portuguese, Greek, Korean, Vietnamese, Jamaican, Jewish, Lebanese, Salvadorean, Somali, Colombian, etc.)

Please specify as many origins as you like.

6. Where do you live?

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador

- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

7. Is this the same province where you work?

- ☐ Yes
- ☐ No

If no, then where do you work?

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

8. Are you...

Please check all that apply.

- ☐ Heterosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Gay
- ☐ Queer
- ☐ Two-spirited
- ☐ Other, please specify... _____

9. Are you a...

Please check all that apply.

- ☐ Person with a physical disability
- ☐ Person with a learning disability
- ☐ Person with a mental health challenge
- ☐ Person with low vision/vision disability
- ☐ Person who is hard of hearing
- ☐ Person who is Culturally Deaf
- ☐ Person with a disability not listed above, please describe... _____
- ☐ Person without a disability

Section 2: Your Work and Workplace

In this section, we ask about your work, defined as your paid employment. Your workplace or setting is wherever it is that you do your paid work – this can be an office setting, community locations, private homes, retail or service settings, vehicles, or outdoors (or other places). If you have multiple jobs, please answer the following questions thinking about the job where domestic violence had the most impact .

10. What is your current employment status?

- ☐ Permanent
- ☐ Temporary/Fixed Term Contract
- ☐ Casual/Seasonal
- ☐ Unemployed
- ☐ Other, please specify... _____

Please think about your last job as you answer work-related questions in this survey.

11. Is your job unionized or non-unionized?

- ☐ Unionized
- ☐ Non-unionized

12. What is your normal work week?

- ☐ Full-time (30 hours or more per week)
- ☐ Part-time (less than 30 hours per week)

13. Are you currently on paid or unpaid leave, or temporary or permanent layoff?

- ☐ Yes
- ☐ No

If yes, please specify:

- ☐ Long-term disability leave
- ☐ Parental leave
- ☐ Short-term disability/sick leave
- ☐ Temporary layoff
- ☐ Permanent layoff
- ☐ Other, please specify... _____

14. In what sector do you work?

- ☐ Accommodation and food services
- ☐ Administrative and support, waste management and remediation services
- ☐ Agriculture, forestry, fishing and hunting
- ☐ Arts, entertainment and recreation
- ☐ Construction

- ☐ Educational services
- ☐ Finance and insurance
- ☐ Health care and social assistance
- ☐ Information and cultural industries
- ☐ Management of companies and enterprises
- ☐ Manufacturing
- ☐ Mining, quarrying, and oil and gas extraction
- ☐ Professional, scientific and technical services
- ☐ Public administration
- ☐ Real estate and rental and leasing
- ☐ Retail trade
- ☐ Transportation and warehousing
- ☐ Utilities
- ☐ Wholesale trade
- ☐ Other, please specify... _____

15. How many people work (full/part-time, or casual/contract) at your workplace?

- ☐ Under 20 workers
- ☐ 20 - 99 workers
- ☐ 100 - 500 workers
- ☐ More than 500 workers

Section 3: Your Experience of Domestic Violence

For this survey, domestic violence is defined as any form of physical, sexual, emotional or psychological abuse, including financial control, stalking and harassment. It occurs between opposite- or same-sex intimate partners, who may or may not be married, common law, or living together. It can also continue to happen after a relationship has ended. Please answer the following questions regarding your personal experiences of domestic violence.

16. Are you currently experiencing domestic violence from a current or past intimate partner?

- ☐ Yes
- ☐ No

If yes, this is from a:

- ☐ Current partner
- ☐ Past partner

16b. Have you experienced domestic violence in the past 12 months?

- ☐ Yes
- ☐ No

If yes, was this from a:

- ☐ Current partner at the time
- ☐ Past partner at the time

17. Did you experience domestic violence more than 12 months ago?

- ☐ Yes
- ☐ No

If yes, was this from a:

- ☐ Current partner at the time
- ☐ Past partner at the time

Section 4: Impact of Domestic Violence on Your Work

In this section, we ask about the impact that your personal experiences of domestic violence have had/are having on your work.

18. Did/does the domestic violence you have experienced or are experiencing affect your ability to get to work?

- ☐ Yes
- ☐ No

If yes, has domestic violence made you:

Please check all that apply.

- ☐ late for work
- ☐ miss work

Did you experience any of the following?

Please check all that apply and/or add additional experiences not listed here.

- ☐ Car keys or transportation money hidden, stolen or withheld
- ☐ Work clothing or other required items hidden, stolen or withheld
- ☐ Physical injury
- ☐ Physical restraint
- ☐ Required personal or work documents hidden, stolen or withheld
- ☐ Refusal or failure to care for children
- ☐ Other, please specify... _____

19. Did you ever lose your job due to domestic violence?

- ☐ No
- ☐ Yes, please describe... _____

20. Did you experience domestic violence in the workplace in any of the following ways?

Please check all that apply and/or add additional experiences not listed here.

- ☐ Abusive phone calls or text messages
- ☐ Abusive email messages
- ☐ Abusive person physically came to the workplace

- ☐ Abusive person stalked or harassed you near the workplace
- ☐ Abusive person contacted co-workers/employer about you
- ☐ Other, please specify... _____
- ☐ No personal experience of domestic violence in/near the workplace

21. Is/was your work performance negatively affected by domestic violence due to being:

Please check all that apply and/or add additional experiences not listed here.

- ☐ Distracted (e.g., by stress, abusive phone calls, emails)
- ☐ Tired (e.g., due to sleep deprivation from the domestic violence)
- ☐ Unwell (e.g., anxiety, depression, headache, etc. from the domestic violence)
- ☐ Injured (from the domestic violence)
- ☐ Other, please specify... _____
- ☐ My work performance has not been negatively affected by domestic violence

22. Did you have to take time off work because of the domestic violence?

- ☐ Yes
- ☐ No

Was this time off to:

Please check all that apply and/or add additional experiences not listed here.

- ☐ Attend criminal court
- ☐ Attend family court
- ☐ Attend appointments related to the domestic violence (e.g. police, lawyer(s))
- ☐ Attend counselling related to the domestic violence
- ☐ Deal with health/medical issues related to the domestic violence
- ☐ Deal with accommodation issues related to the domestic violence (e.g., had to move house)
- ☐ Other, please specify... _____

23. Did/does the abusive person work in the same workplace?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

24. Has the domestic violence affected your co-workers in any of the following ways?

Please check all that apply and/or add additional experiences not listed here.

- ☐ They were harmed or threatened
- ☐ They had to deal with frequent phone calls, messages or emails from the abusive person
- ☐ They were stressed or concerned about your situation
- ☐ Their work was affected (e.g., increased workload, changed schedule, etc.)
- ☐ The domestic violence caused conflict and tension between you and your co-workers (e.g., due to changes to work load(s), deadlines, shared projects, etc.)
- ☐ The domestic violence did not affect them
- ☐ I don't know if the domestic violence affected them
- ☐ Other, please specify... _____

Section 5: Support for Domestic Violence in Your Workplace

This section asks whether and how you looked for any resources or support from your workplace about your experiences of domestic violence, and if these actually helped.

25. Did you discuss the domestic violence with anybody at work?

- ☐ Yes
- ☐ No

If no, please indicate why you did not discuss the domestic violence with anyone at work.

Please check all that apply and add your comments.

- ☐ Fear of job loss
- ☐ Fear your job or work environment would suffer in other ways (e.g., difficult interactions with co-workers, managers, etc.)

- ☐ Felt embarrassed or ashamed
- ☐ Wanted privacy/none of their business
- ☐ Abuse not serious/important enough
- ☐ Denial that domestic violence was happening
- ☐ Fear of being judged
- ☐ Didn't know anyone/no one around to tell
- ☐ Didn't trust anyone/don't like co-workers
- ☐ Abusive person or his/her family/friends work at your workplace
- ☐ Afraid/threatened not to tell by abusive person
- ☐ Didn't want to get others involved
- ☐ Other, please specify... _____
- ☐ Please add your comments about your decision to not discuss the domestic violence at work:

26. With whom did you discuss the violence?

Please check all that apply and/or add additional experiences not listed here.

- ☐ Co-worker
- ☐ Union
- ☐ Supervisor or manager
- ☐ Human Resources/Personnel department
- ☐ Designated person to handle situations of domestic violence
- ☐ Other, please specify... _____

Was the co-worker helpful?

- ☐ Yes
- ☐ No

Did your co-worker help you in any of the following ways?

Please check all that apply.

- ☐ Provided a listening ear

- ☐ Spent break time with you to get your mind off the situation
- ☐ Assisted with personal matters
- ☐ Provided information about resources
- ☐ Provided a referral to a counselor or professional
- ☐ Provided schedule flexibility
- ☐ Provided an informational brochure
- ☐ Provided workload flexibility
- ☐ Helped to create a safety plan should the abusive person show up at work
- ☐ Provided an escort to your car
- ☐ Blocked intrusive (harassing) telephone calls, messages or emails from abusive person
- ☐ Other, please specify... _____
- ☐ None of these

Was the union helpful?

- ☐ Yes
- ☐ No

Did the union help you in any of the following ways?

Please check all that apply.

- ☐ Time off (unpaid)
- ☐ Time off (paid)
- ☐ Moved/transferred you to a safer place to work
- ☐ Changed your working arrangements and/or practices
- ☐ Changed/screened work numbers or emails
- ☐ Provided transport between work and home
- ☐ Provided security alarm where you work
- ☐ Alerted security staff
- ☐ Developed a safety plan
- ☐ Abuser was moved/transferred
- ☐ Performed risk assessment

- ☐ Other, please specify... _____
- ☐ None of these

Was the supervisor or manager helpful?

- ☐ Yes
- ☐ No

Did your supervisor or manager help you in any of the following ways?

Please check all that apply.

- ☐ Time off (unpaid)
- ☐ Time off (paid)
- ☐ Moved/transferred you to a safer place to work
- ☐ Changed your working arrangements and/or practices
- ☐ Changed/screened work numbers or emails
- ☐ Provided transport between work and home
- ☐ Provided security alarm where you work
- ☐ Alerted security staff
- ☐ Developed a safety plan
- ☐ Abuser was moved/transferred
- ☐ Performed risk assessment
- ☐ Other, please specify... _____
- ☐ None of these

Was the human resources/personnel department helpful?

- ☐ Yes
- ☐ No

Did the human resources/personnel department help you in any of the following ways?

Please check all that apply.

- ☐ Time off (unpaid)
- ☐ Time off (paid)
- ☐ Moved/transferred you to a safer place to work
- ☐ Changed your working arrangements and/or practices
- ☐ Changed/screened work numbers or emails
- ☐ Provided transport between work and home
- ☐ Provided security alarm where you work
- ☐ Alerted security staff
- ☐ Developed a safety plan
- ☐ Abuser was moved/transferred
- ☐ Performed risk assessment
- ☐ Other, please specify... _____
- ☐ None of these

Was the designated person helpful?

- ☐ Yes
- ☐ No

Did the designated person help you in any of the following ways?

Please check all that apply.

- ☐ Time off (unpaid)
- ☐ Time off (paid)
- ☐ Moved/transferred you to a safer place to work
- ☐ Changed your working arrangements and/or practices
- ☐ Changed/screened work numbers or emails
- ☐ Provided transport between work and home
- ☐ Provided security alarm where you work
- ☐ Alerted security staff
- ☐ Developed a safety plan
- ☐ Abuser was moved/transferred

- ☐ Performed risk assessment
- ☐ Other, please specify... _____
- ☐ None of these

Was this other person helpful?

- ☐ Yes
- ☐ No

Did this other person help you in any of the following ways?

Please check all that apply.

- ☐ Time off (unpaid)
- ☐ Time off (paid)
- ☐ Moved/transferred you to a safer place to work
- ☐ Changed your working arrangements and/or practices
- ☐ Changed/screened work numbers or emails
- ☐ Provided transport between work and home
- ☐ Provided security alarm where you work
- ☐ Alerted security staff
- ☐ Developed a safety plan
- ☐ Abuser was moved/transferred
- ☐ Performed risk assessment
- ☐ Other, please specify... _____
- ☐ None of these

27. Did you experience any negative actions from your employer, union, or co-workers as a result of discussing your domestic violence at work?

- ☐ Yes
- ☐ No

If yes, please specify what kinds of negative actions:

28. Was information about your situation shared only with those who needed to know, so as to protect your safety and privacy?

- ☐ Yes
- ☐ No

29. Please add any comments about your situation being shared, if any:

30. Overall, which of the following best describes the outcomes of discussing the domestic violence with people at work?

- ☐ Mostly positive things happened
- ☐ Mostly negative things happened
- ☐ Positive and negative things happened equally
- ☐ Nothing positive or negative happened

31. Please add any comments about the outcomes of discussing the domestic violence with people at work, if any:

Section 6: Legal Responses to Domestic Violence

32. Did you ever report the violence to the police?

- ☐ Yes
- ☐ No

How helpful were the police?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

Please elaborate on your experience(s) with the police:

33. Did you ever get a protection order?

- ☐ Yes
- ☐ No

If yes, is/was your workplace included in the order as a place not to be approached?

- ☐ Yes
- ☐ No

How helpful was the protection order?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

34. Did you ever use the family law system to deal with separation issues (custody, access, support, property division, etc.)?

- ☐ Yes
- ☐ No

If yes, which of the following did you use?

Please check all that apply.

- ☐ Court
- ☐ Mediation
- ☐ Lawyer negotiations
- ☐ Collaborative law
- ☐ Other, please specify... _____

How helpful was court?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was mediation?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful were lawyer negotiations?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was collaborative law?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful

☐ Other informal support through the workplace, please specify... _____

How helpful were your co-workers?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was the union?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was the management?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was the other formal support?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

How helpful was the other informal support?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful

- ☐ Don't know/not sure

How helpful was the other type of family law?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

35. Did you ever deal with the criminal law system as a result of the domestic violence?

- ☐ Yes
- ☐ No

How helpful was the criminal law system?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/not sure

Did you have workplace support during the time you were dealing with police and/or other legal issues?

- ☐ Yes
- ☐ No

If yes, was it:

Please check all that apply.

- ☐ From your co-workers
- ☐ Through your union
- ☐ Through management
- ☐ Other formal support through the workplace, please specify... _____

- ☐ Don't know/not sure

Please add any comments about your experiences with the police, protection orders, or the family or criminal law systems:

Section 7: Home Life, Health and Well-Being

36. Do you have dependent children?

- ☐ No children
- ☐ Have children, but not dependent
- ☐ Yes

If yes, are they:

- ☐ Living with both parents
- ☐ Living with you
- ☐ Living with the other parent
- ☐ Shared custody
- ☐ In foster care
- ☐ Other, please specify... _____

37. Do you have any other dependents? (e.g., elderly family member)

- ☐ No
- ☐ Yes, please describe... _____

38. What best describes your current living situation?

- ☐ Private house (including farmhouse)/condo/apartment
- ☐ Public/subsidized housing
- ☐ Living with friends
- ☐ Living with family (e.g., parents, sibling)

- ☐ Couch-surfing
- ☐ Shelter
- ☐ On the street
- ☐ Rooming house or single-room occupancy hotel
- ☐ Other, please specify... _____

39. Have you ever had to move homes/change your living situation because of domestic violence?

- ☐ No
- ☐ Yes, please describe... _____

40. Have you experienced financial stress because of domestic violence?

- ☐ No
- ☐ Yes, please describe... _____

41. Have you stayed in an abusive relationship because of financial stress?

- ☐ No
- ☐ Yes, please describe... _____

Section 7: Home Life, Health and Well-Being

36. Do you have dependent children?

- ☐ No children
- ☐ Have children, but not dependent
- ☐ Yes

If yes, are they:

- ☐ Living with both parents
- ☐ Living with you
- ☐ Living with the other parent

- ☐ Poor

43. In general, would you say your mental health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

This set of questions asks how you feel about your quality of life, health or other areas of your life. We ask that you think about your life in the past two weeks.

44. How would you rate your quality of life?

- ☐ Very poor
- ☐ Poor
- ☐ Neither good nor poor
- ☐ Good
- ☐ Very Good

45. How satisfied are you with your health?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

46. Do you have enough energy for everyday life?

- ☐ Not at all
- ☐ A little

- ☐ Moderately
- ☐ Mostly
- ☐ Completely

47. How satisfied are you with your ability to perform your daily living activities?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

48. How satisfied are you with yourself?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

49. How satisfied are you with your personal relationships?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

50. Have you enough money to meet your needs?

- ☐ Not at all
- ☐ A little
- ☐ Moderately

- ☐ Mostly
- ☐ Completely

51. How satisfied are you with the conditions of your living place?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

Section 8: General Resources for Domestic Violence in Your Workplace

52. Have you received information about domestic violence from your employer?

- ☐ Yes
- ☐ No

If yes, what have you received?

53. Have you received information about domestic violence from your union?

- ☐ Yes
- ☐ No
- ☐ Not applicable (i.e., do not belong to a union)

If yes, what have you received?

54. Are you aware of any employer and/or union-provided resources or obligations related to domestic violence?

- ☐ Yes
- ☐ No

How did you learn about these domestic violence supports or resources?

Please check all that apply.

- ☐ Co-worker
- ☐ Supervisor or Manager
- ☐ Employer public notice or bulletin
- ☐ Union
- ☐ Don't know/Not sure/Can't recall
- ☐ Other, please specify... _____

What kinds of domestic violence-related resources or obligations exist in your workplace?

Please check all that apply.

- ☐ Union-provided support or resources
- ☐ Employer-provided support or resources required by employment contract or collective agreement
- ☐ Employer-provided support or resources not required by employment contract or collective agreement
- ☐ I don't know/Not sure
- ☐ Other, please specify... _____

Are these union-provided supports and resources provided:

Please check all that apply.

- ☐ In-house
- ☐ Through referrals to third-parties (counselling services, legal services, etc.)
- ☐ Don't know/Not sure
- ☐ Other, please specify... _____

Are these required employer-provided supports and resources provided:

Please check all that apply.

- ☐ In-house
- ☐ Through referrals to third-parties (counselling services, legal services, etc.)
- ☐ Don't know/Not sure
- ☐ Other, please specify... _____

Are these non-required employer-provided supports and resources provided:

Please check all that apply.

- ☐ In-house
- ☐ Through referrals to third-parties (counselling services, legal services, etc.)
- ☐ Don't know/Not sure
- ☐ Other, please specify... _____

Are these other supports and resources provided:

Please check all that apply.

- ☐ In-house
- ☐ Through referrals to third-parties (counselling services, legal services, etc.)
- ☐ Don't know/Not sure
- ☐ Other, please specify... _____

Section 9: Others' Experiences of Domestic Violence in the Workplace

These questions ask whether you know of others in your current workplace who may be experiencing domestic violence or being abusive to a partner. This is to get a sense of how widespread and visible this problem might be in workplaces.

55. I have at least one coworker who I believe is experiencing, or has previously experienced, domestic violence.

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

56. Experts have found there are a number of warning signs that someone may be experiencing domestic violence. Have you recognized warning signs that a co-worker, past or present, may be experiencing domestic violence?

Please check all that apply.

- ☐ Obvious injuries such as bruises, black eyes, broken bones, hearing loss — these are often explained as “falls,” “being clumsy,” or “accidents.”
- ☐ Clothing not right for the season, such as long sleeves and turtlenecks in summer or things like wearing sunglasses indoors and unusually heavy makeup.
- ☐ Missing work or lateness for work.
- ☐ Signs of anxiety and fear.
- ☐ Requests for special treatment, like leaving early.
- ☐ Change in job performance: poor concentration, mistakes, slowness, inconsistent work quality.
- ☐ Isolation; unusually quiet and keeping away from others.
- ☐ Emotional upset or flatness, tearfulness, depression, aggression, anger and/or suicidal thoughts.
- ☐ Downplaying or denying harassment or injuries.
- ☐ An unusual number of phone calls, strong reactions to those calls, and reluctance to talk or respond to phone messages. Insensitive or insulting phone messages left for the co-worker experiencing abuse.
- ☐ Sensitivity about home life or hints of trouble at home — may mention partner's bad moods, anger, temper, and alcohol or drug abuse.
- ☐ Disruptive personal visits to workplace by present or former partner.
- ☐ Fear of job loss.
- ☐ The appearance of gifts or flowers after an argument between the couple.
- ☐ Apologizing or making excuses for the partner's behaviour.
- ☐ Nervous in presence of partner.
- ☐ Changes in use of alcohol or drugs.

Has your co-worker's experience of domestic violence affected their ability to work?

- ☐ Yes
- ☐ No

- ☐ Don't know/not sure

If yes, I believe my co-workers' experience of domestic violence affected their ability to work in the following ways:

Please check all that apply and/or add additional impacts not listed here.

- ☐ Distracted (e.g. by stress, abusive phone calls, emails)
- ☐ Tired (e.g., due to sleep deprivation from the domestic violence)
- ☐ Unwell (anxiety, depression, headache, etc. from the domestic violence)
- ☐ Injured (from the domestic violence)
- ☐ Other, please specify... _____
- ☐ I am not sure how their work performance was affected.

57. I have at least one co-worker who I believe is being abusive, or has previously been abusive, toward his/her partner.

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

58. Experts have found there are a number of warning signs that someone may be abusive. Have you recognized any of the following warning signs that a co-worker, past or present, may be using abusive behaviour?

Please check all that apply.

- ☐ Puts down the partner
- ☐ Does all the talking and dominates the conversation when partner is present
- ☐ Acts like a victim
- ☐ Acts depressed
- ☐ Tries to keep the victim away from her/his work or other activities
- ☐ Acts as if he/she owns the victim
- ☐ Lies to make themselves look good or exaggerates their good qualities
- ☐ Acts like he/she is superior and of more value than others in their home

- ☐ Contacts their partner while at work to say something that might scare or intimidate them
- ☐ Takes paid or unpaid time off that seems related to an abusive situation
- ☐ Change in job performance: poor concentration, mistakes, slowness, inconsistent work quality

If yes, do you believe their use of abusive behaviour has affected their ability to work?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, please specify how their work has been affected:

To your knowledge, have these victims or abusers received any resources or other help from your workplace?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, please specify what kind of resources, and how helpful they were:

Section 10: Your Final Thoughts on Domestic Violence in the Workplace

59. In general, how much do you think domestic violence impacts the work lives of workers exposed to domestic violence in some way?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit

- ☐ A whole lot

60. In general, do you think that employers are aware when domestic violence is affecting their workers?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, do they act in a positive way to help workers experiencing domestic violence?

- ☐ Yes
- ☐ No

61. In general, do you think that union officials are aware when domestic violence is affecting their members?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, do they act in a positive way to help members experiencing domestic violence?

- ☐ Yes
- ☐ No

62. Do you think that workplace supports such as paid leave and safety policies for domestic violence can reduce the impact of domestic violence on the work lives of workers?

- ☐ Yes
- ☐ No

63. Do you have any further comments about how domestic violence might impact the work lives of workers at your workplace?

64. Do you have any suggestions about how to improve support for workers experiencing domestic violence, and reduce the impact of domestic violence at your workplace?

DOMESTIC VIOLENCE RESOURCES

If you, or anyone you know, need domestic violence support or information, below is a list of Canadian resources organized by province/territory. **To skip this information and submit your survey responses, please scroll down and continue to the next page.**

To view information specific to your province or territory, please choose from the options below:

- ☐ Alberta
- ☐ Newfoundland & Labrador
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Nova Scotia
- ☐ Northwest Territories
- ☐ Nunavut
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon Territory

Alberta: *Alberta Council of Women's Shelters, 1-866-331-3933*

If you need to speak with someone at a shelter near you, call our toll free line and press 1 (emergency shelters, emergency second-stage shelters)<https://www.acws.ca/shelters>

Newfoundland & Labrador: *Transition House Association of Newfoundland and Labrador (THANL)*

Gander & Area Cara Transition House Local: 256-7707 Toll Free: 1-877-800-2272
Corner Brook & Area Corner Brook Transition House Local: 634-4198 Toll Free: 1-866-634-4198
Marystown & Area Grace Sparkes House Local: 279-3562 Toll Free: 1-877-774-4957
St John's & Area Iris Kirby House Local: 753-1492 Toll Free: 1-877-753-1492
Carbonear & CBN Area O'Shaughnessy House Local: 596-8709 Toll Free: 1-888-596-8709
Labrador City-Wabush Hope Haven Local: 944-6900 Toll Free: 1-888-332-0000
Happy Valley-Goose Bay Libra house Local: 896-3014 Toll Free: 1-877-896-3014
Nain Nain Transition House Local: 709-922-1229 Toll Free: 1-866-922-1230
Rigolet Kirkina House (Rigolet) 709-947-3334
Sheshatshiu Nukum Munik Shelter 709-497-8868
Natuashish Natuashish Safe House 709-478-2390
Hopedale Selma Onalik Safe House 933-3420
The Transition House Association of Newfoundland and Labrador is a voluntary, non-profit community-based organization whose mandate is to strengthen and support the network of provincially funded shelters and services for women – with or without children – affected by relationship violence. <http://www.thanl.org/about/>

British Columbia: *VictimLink BC, 1-800-563-0808*

A 24-hour telephone help line providing crisis support in 130 languages. VictimLink BC can connect you to Safe emergency shelter, counseling programs and other treatment and healing programs. <http://www.bcsth.ca/content/emergency-contacts>

Manitoba: *Manitoba Association of Women's Shelters, 1-877-977-0007*

A confidential provincial toll-free crisis-line http://www.maws.mb.ca/where_can_i_go.htm

New Brunswick: *Fundy House (Regional Representative for NB), (506) 466-4485*

Fundy Region Transition House Inc. <http://saintjohn.cioc.ca/record/HDC0443?UseCICVw=43>

Nova Scotia: *Transition House Association of Nova Scotia (THANS), 1-902-429-7287*

THANS Member organizations provide crisis and transitional services to women and their children experiencing violence and abuse while offering women and children a safe and supportive

environment. They provide them with opportunities to learn of available resources and alternatives to facilitate informed personal choices and decisions. <http://www.thans.ca/Content/FindShelter>

Northwest Territories: *YWCA Yellowknife*, 1-866-223-7775 or 873-8257 (Yellowknife)

Available 24 hours a day for safety planning, crisis management, emotional support, information and referrals. <http://www.ywcanwt.ca/crisline.html>

Ontario: *Ontario Association of Interval and Transition Houses*

Assaulted Women's Helpline GTA: 416-863-0511 TTY: 416-364-8762 Toll-Free: 1-866-863-0511 Toll-Free TTY: 1-866-863-7868 Rogers, Fido, Bell & Telus: #SAFE (#7233) Femaide
Toll-free: 1-877-336-2433 TTY: 1-866-860-7082 The Assaulted Women's Helpline offers assistance in English and up to 154 other languages. Ontario also offers Femaide for Francophone Services <http://www.oaith.ca/find-help/>

Prince Edward Island: *Prince Edward Island Anderson House Shelter*, 1-800-240-9894, (902) 892-0960 (Charlottetown)

PEI Family Violence Prevention Services Inc. <http://www.fvps.ca/contact-us>

Quebec: *Fédération de ressources d'hébergement pour femmes violentées et en difficulté du Québec*, (514) 878-9757

Fédération de ressources d'hébergement pour femmes violentées et en difficulté du Québec (514) 878-9757 Association of Homes for Women Victims of Violence (Regroupement des maisons pour femmes victimes de violence conjugale) (514) 873-9010 Toll Free: 1-800-363-9010 The Federation represents thirty-seven (37) shelters in eleven administrative regions of Quebec, welcoming women victims of domestic violence and their children and women in difficulty. <http://fede.qc.ca/membres.html> With some 50 houses members located across Quebec, the coalition of houses for victims of domestic violence is a vast network resolutely committed to the right of physical and psychological integrity of women. <http://maisons-femmes.qc.ca/>

Nunavut: *Help for Assaulted Women*

In an emergency, your first call should be 911. Crisis Lines If you are a victim of sexual violence, you can call crisis lines to get immediate counselling over the phone. Most of them provide services in different languages or offer translation. Most are 24-hour, every day services. Depending on your need they will do referrals to counselling services, legal support, shelters, housing, and more. Your immigration status is not important to these services. And you will not be required to identify

yourself. When you call them, your name will not be displayed. If you are not in an emergency situation, crisis lines are a good resource to start with. All Nunavut Communities Nunavut Kamatsiaqtut Help Line (7pm to midnight, every day) 819-979-3333 Toll-free 1-800-265-3333 <http://www.kamatsiaqtut.com/> Rankin Inlet Keewatin Crisis Line 867-645-3333 Iqaluit: Baffin Regional Agvvik Society Crisis Line 867-979-4500 Qimaavik Crisis Line 867-979-4500 Sexual Assault Treatment Centres If you are sexually assaulted, you need to get emergency treatment. Sexual assault treatment centers, hospitals and health centres offer immediate emotional support, tests for pregnancy and sexually transmitted diseases, and follow ups. Some centres provide someone to accompany you when you go to the police. All Nunavut Communities: Clickable map with hospital / health centre information for communities throughout Nunavut: <http://www.gov.nu.ca/health/information/health-facilities-map> Iqaluit Iqaluit hospital 867-975-8600 Shelters If you decide to leave home and stay somewhere safe, there are shelters for abused women where you can stay. Immigration status doesn't matter to get service. Most shelters offer translation services. In addition to providing you a place to stay, shelters help with counselling, legal advice, housing support, and more. Cambridge Bay Community Wellness Centre Crisis Shelter 867-983-2133 Iqaluit Qimaavik Women's Shelter 867-979-4500 (this is the crisis line. Office line is 867-979-4566 for information or non-urgent matters) Rankin Inlet Kataujak Society - Safe Shelter 867-645-2214 Counselling and Support Groups If you need help in dealing with an abuse experience in depth, there are counselling services available. Directory of Social Services offices throughout Nunavut: <http://www.hss.gov.nu.ca/en/About%20Us%20Facilities%20Social%20Services%20Offices.aspx>

Saskatchewan: *Provincial Association of Transition Houses and Services of Saskatchewan, 306-522-3515 (Regina)*

Emergency Shelters La Ronge Piwapan Women's Centre (306) 425-3900 Meadow Lake Waskoosis Safe Shelter (306) 236-5570 Prince Albert Prince Albert Safe Shelter for Women (306) 764-7233 Lloydminster (Alberta) Lloydminster Interval Home (780) 875-0966 North Battleford Battlefords Interval House (306) 445-2742 Saskatoon Saskatoon Interval House (306) 244-0185 YWCA of Saskatoon (306) 244-2844 Yorkton Shelwin House (306) 783-7233 Project Safe Haven (306) 782-0676 Fort Qu'Appelle Qu'Appelle Haven Safe Shelter (306) 332-6881 Regina Regina Transition House (306) 569-2292 YWCA Isabel Johnson Shelter (306) 525-2141 Wichihik Iskewwak Safe House (WISH) (306) 543-0493 Moose Jaw Moose Jaw Transition House (306) 693-6511 Swift Current Southwest Crisis Services (306) 778-3692 Counseling & Support Centres Melfort North East Outreach and Support Services (306) 752-9464 Hudson Bay Hudson Bay Family and Support Centre (306) 865-3064 Humboldt PARTNERS Family Services (306) 682-4135 Kindersley West Central Crisis & Family Support Centre Inc. (306) 463-6655 Swift Current Southwest Crisis Services (306) 778-3692 Weyburn Envision Counseling and Support

Centre Inc. (306) 842-8821 Estevan Envision Counseling and Support Centre Inc.
(306) 637-4004<http://abusehelplines.org/resources/find-a-shelter/>

Yukon Territory: *Yukon Women's Transition Home/ Kaushee's Place*, (867) 668-5733

Provides shelter and advocacy to women and their children living with violence and abuse.
<http://www.povnet.org/node/2868>

To submit your responses, please click 'submit' below.

You will be directed to a separate website where you can complete a ballot to enter the draw, if you'd like.

Curriculum Vitae

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| Name: | Michael Saxton |
| Post-secondary Education and Degrees: | <p>Western University London, Ontario, Canada 2014-2016 (expected) M.A., Counselling Psychology</p> <p>Durham College Oshawa, Ontario, Canada 2013-2014 Graduate Certificate, Addictions and Mental Health</p> <p>Western University London, Ontario, Canada 2007-2011 B.A., Honors Specialization Psychology, Graduated with Distinction</p> |
| Honours and Awards: | <p>Scotiabank Graduate Award for Studies in Violence Against Women and Children 2015</p> <p>Social Science and Humanities Research Council, Joseph A. Bombardier Canada Graduate Scholarship, Master's 2015-2016</p> <p>Student Volunteer of the Year, Ontario Shores Centre for Mental Health Sciences 2014</p> <p>Dean's Honours List, King's University College 2008, 2009, 2010, 2011</p> <p>King's University College Continuing Scholarship, King's University College at Western University 2008, 2009, 2010</p> <p>King's University College Entrance Scholarship, King's University College at Western University 2007</p> |
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Volunteer Research Assistant, Ontario Shores Centre for Mental Health Sciences
2010 – 2014

Volunteer Research Assistant, University of Ontario Institute of Technology
2012 – 2013

Volunteer Research Assistant, York University
2012 – 2012

Related Work Experience

Student Intern, Psychological Services, Thames Valley District School Board
2015 –

Practicum Student, Outpatient Services, Ontario Shores Centre for Mental Health Sciences
2014 – 2014

Honours Undergraduate Practicum Student, Canadian Mental Health Association: London-Middlesex Branch
2010 – 2011

Youth Counsellor, Durham Catholic Family Services
2006 – 2007

Administration & Mentorship Experience

Mentor, Canadian Psychological Association Mentorship Program
2015 –

Class Representative, ADMH Graduate Certificate Program
Durham College
2013 – 2014

Publications

MacGregor, J. C. D., Wathen, C. N., Olszowy, L., Saxton, M., & MacQuarrie, B. J. (In press). Workplace disclosure and supports for domestic violence: Results of a pan-Canadian survey. *Violence and Victims*.

Conference Presentation

Saxton, M.D. (2011, April). *The effects of gender typing and autonomy on psychological wellbeing*. Presented at the 2011 Ontario Undergraduate Thesis Conference, Guelph, ON